

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3019602808
Invoice Date: 5/18/2022
PO Number: P0003147
Check Number: E0089965
Check Amount: \$ 664.20
Check Date: 06/07/2022
Voucher Number: V0739762
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Customer #: 0200085789

Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-9202
Representative: Anthony Skrobowski

Rx License #:

Practitioner:

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Ship Date: May 18, 2022 12:25:26 PM
Invoice Date: May 18, 2022
Customer P.O.: P0003147
Shipped From: Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Order #	Pack Slip #	Invoice #
0618632196	8019829908	3019602808

INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
51020452	2,000	2,000	EA	ADEC	042,564.00	SOAP DISPENSER, CHROME (2000)	\$ 120.00	\$ 240.00
51018910	3,000	3,000	EA	ADEC	042,566.00	BOTTLE, SOAP DISPENSER, (2000)	\$ 39.00	\$ 117.00
50128417	1,000	1,000	EA	ADEC	23,1278.00	SYRINGE HEAD KIT, QD, TRAD, WARM WATER	\$ 262.00	\$ 262.00
51015940	8,000	8,000	EA	ADEC	6.90	SHELF CLIPS KIT	\$ 6.90	\$ 55.20

RECEIVED
MAY 19 2022
BY: *cl*

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

Total	14	14						
Sub Total								\$ 664.20
Local Tax							0.00 %	\$ 0.00
State Tax							0.00 %	\$ 0.00
Total								\$ 664.20

Payment Terms
Net due 60 days from inv date

Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Plaza
Chicago IL 60673-1282

"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

"Conley, Cynthia" <fiskc@cod.edu>

Fri, May 20, 2022 at 02:42 PM GMT

CC:

BCC:

1 attachment

1212_001.pdf