

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3023449500
Invoice Date: 1/3/2023
PO Number: B0000870
Check Number: E0093267
Check Amount: \$ 595.66
Check Date: 01/18/2023
Voucher Number: V0768113
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

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

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Rx License #:

Practitioner:

Anthony Skrobowski
1/6/23

Order #	Pack Slip #	Invoice #
0619729034	8022955608	3023449500

Ship Date: Jan 03, 2023 12:21:36 PM
Invoice Date: Jan 03, 2023
Customer P.O.: BO 000870
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70520817	1	0	PAK	POS	VJO-520817-PAT3	Items to be drop shipped from the vendor. PK-120 LBL SMEAD ALPHA-Z "O" LT BLUE 1-1/4" X 1" LT BLUE 120/PK		
70520825	1	0	PAK	POS	VJO-520825-PAT3	Items to be drop shipped from the vendor. PK-120 LBL SMEAD ALPHA-Z "P" DK BLUE 1-1/4" X 1" DK BLUE 120/PK		
70520866	1	0	PAK	POS	VJO-520866-PAT3	Items to be drop shipped from the vendor. PK-120 LBL SMEAD ALPHA-Z "T" RED 1-1/4" X 1" RED 120/PK		
70520874	1	0	PAK	POS	VJO-520874-PAT3	Items to be drop shipped from the vendor. PK-120 LBL SMEAD ALPHA-Z "U" LT ORG 1-1/4" X 1" LT ORANGE 120/PK		
70520916	1	0	PAK	POS	VJO-520916-PAT3	Items to be drop shipped from the vendor. PK-120 LBL SMEAD ALPHA-Z "Y" DK BLUE 1-1/4" X 1" DK BLUE 120/PK		

Total 15 15
Payment Terms
Net due 60 days from inv date
Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

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.itacelink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

Sub Total	\$ 446.66
Local Tax	0.00 %
State Tax	0.00 %
Shipping and Handling	\$ 9.40
Discount	\$ 9.40-
Total	\$ 446.66

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SOUTH BEND IN 46628-7724
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
71107358	1,000	1,000	PAK	TORNAD	IOC400-600	INTRA ORAL CAMERA SLEEVE #4 AND #6 100/ CAVITY LINER PLACER 02-540	\$ 18.39	\$ 18.39
70843359	1,000	1,000	EA	PATTER	07-0843359	CAVIT TEMP FIL MAT TUBE 7G 10/PK	\$ 5.56	\$ 5.56
75751656	1,000	1,000	PAK	MMM	44351	RELEAF LEAVES 100/BAG 100	\$ 55.19	\$ 55.19
70978577	2,000	2,000	BAG	KULZER	66075340	TONGUE DEPR 6" 600SR 500/PK	\$ 86.89	\$ 173.78
70899856	4,000	4,000	PAK	PATTER	07-0899856	CROSSTEX BARRIER FILM BLUE	\$ 11.49	\$ 45.96
72356475	6,000	6,000	ROL	CC	BFB	PK-12 PON PON BALLS ASST COLORS 5" 12/BX	\$ 24.63	\$ 147.78
70147322	2	0	BX	POS	VJO-147322-PAT3	Items to be drop shipped from the vendor.		
71362789	2	0	RL	POS	VJO-362789-PAT3	RL-500 2023 LBL HOLOGRAPHIC YELLOW YELLOW 500/RL		
70520668	2	0	PAK	POS	VJO-520668-PAT3	Items to be drop shipped from the vendor.		
70520676	1	0	PAK	POS	VJO-520676-PAT3	PK-120 LBL SMEAD ALPHA-Z "B" LT ORG 1-1/4" X 1" LT ORANGE 120/PK		
70520692	1	0	PAK	POS	VJO-520692-PAT3	Items to be drop shipped from the vendor.		
70520700	2	0	PAK	POS	VJO-520700-PAT3	PK-120 LBL SMEAD ALPHA-Z "E" DK GRN 1-1/4" X 1" DK GREEN 120/PK		
70520791	2	0	PAK	POS	VJO-520791-PAT3	Items to be drop shipped from the vendor.		

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Payment Terms
Net due 60 days from inv date

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

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

Attached Image

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

Fri, Jan 6, 2023 at 01:56 PM UTC

CC:

BCC:

1 attachment

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 6105376921
Invoice Date: 12/19/2022
PO Number: B0000870
Check Number: E0093267
Check Amount: \$ 595.66
Check Date: 01/18/2023
Voucher Number: V0768117
Document Type: AP Invoice

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**PATTERSON
DENTAL**

S COLLEGE OF DUPAGE-HYGIENE
O DENTAL HYGIENE DEPARTMENT
L 425 FAWELL AVE
D GLEN ELLYN IL 60137-6708
T
O

S Patterson Dental Supply, Inc.
O CHICAGO Branch
L 1226 MICHAEL DRIVE
D SUITE G
B WOOD DALE IL 60191-1005
Y

Customer#: 610228198
Advantage Level: Institute
Telephone: (630) 616-8202
Representative: 610-05
Order#: 125/7226051
Submitted: 12/14/22 9:33 AM

Emily Conley
12/19/22

INVOICE#: 6105376921

Date: 12/14/22 9:42 AM

Customer P.O.: **80 000870**
Account: NA

Item#	ordered	shipped	Pkg	Mfr	Mfr Catalog#	Item Description	Unit Price	Amount	SC
07 125-6171	1	1	EA	EAGLES	FROM	Sold By Wholesale 004-001803 This invoice is bill only. OPERADDS FORMS + RECALL MD	149.00	149.00	32

Total 1 1 Subtotal 149.00

Payment Terms:
Payment due upon receipt of statement.
Overdue balance is subject to service
charge not to exceed 1.5% per month.
To pay by invoice, send a copy of invoice(s)
with remittance to: Patterson Dental Supply Inc,
28244 Network Place, Chicago, IL 60673-1282

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

Attached Image

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

Mon, Dec 19, 2022 at 04:28 PM UTC

CC:

BCC:

1 attachment

2273_001.pdf