

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 6105384230  
Invoice Date: 4/5/2023  
PO Number: B0000870  
Check Number: E0094563  
Check Amount: \$ 149.00  
Check Date: 04/05/2023  
Voucher Number: V0780746  
Document Type: AP Invoice

Document Below



# PATTERSON DENTAL

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

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

Customer#: 610228198  
Advantage Level: Institute

Telephone: (630) 616-8202  
Representative: 610-05  
Order#: 125/7435521  
Submitted: 03/13/23 3:28 PM

*Handwritten signature*  
3/15/23

INVOICE#: 6105384230

Date: 03/13/23 3:40 PM  
Customer P.O.: *BD 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 MO	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>

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**Attached Image**

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

Wed, Mar 15, 2023 at 01:07 PM UTC

CC:

BCC:

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**1 attachment**

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