

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3024807620
Invoice Date: 3/24/2023
PO Number: B0000870
Check Number: E0094673
Check Amount: \$ 2,430.30
Check Date: 04/11/2023
Voucher Number: V0780777
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

Customer #: 0200085769 Bill Cust #:
Practitioner #: 3100040949 Rx License #:
Practitioner: BARBAGALLO MARGUERITE A 19020280
Loyalty Status: Institution

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US
Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Mar 24, 2023 4:58:09 PM
Invoice Date: Mar 24, 2023
Customer P.O.: BO 000870
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Order #	Pack Slip #	Invoice #
0620137416	8024051290	3024807620

INVOICE

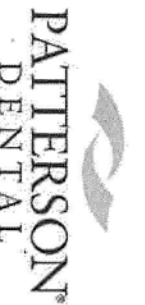
Copy only 3/27/23

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
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71898071	1.000	1.000	EA	CETYL	0203	CETACAINE TOP ANES LIQ 14G Cetacaine Liquid 14% benzocaine, 2% tetracaine Hcl, 2% butamben NDC # 102230202-2 Rx Items returnable if unopened. Call your local branch. NDC : 10223020202 MIRROR DBL FS CS #5 3/PK RINSE NEUTRAL SODIUM FLUOR MINT 2L Neutral Sodium Fluoride Rinse, Mint Flavor 2% Neutral Sodium Fluo ride 64 fl. Oz./1.9L NDC #64778-0446-01 Rx Items returnable if unopened. Call your local branch. NDC : 64778044601	\$ 195.59	\$ 195.59
73713773	5.000	5.000	PAK	HUFRIE	MIR5DS/3		\$ 22.94	\$ 114.70
71149459	6.000	6.000	EA	MEDICO	10044-M		\$ 55.75	\$ 334.50
70842625	10.000	10.000	BX	PATTER	084-2625	POUCH PLUS 2-1/4 X 4 200/PK	\$ 7.43	\$ 74.30
70842609	4.000	4.000	BX	PATTER	084-2609	POUCH PLUS 3-1/2 X 9 500/PK	\$ 20.56	\$ 82.24
70842633	6.000	6.000	BX	PATTER	084-2633	POUCH PLUS 7.5 X 13 200/PK	\$ 20.17	\$ 121.02
71299809	1.000	1.000	BAG	KULZER	66087296	IVORY RELEAF MINI 100/BG	\$ 87.75	\$ 87.75
71898139	1.000	1.000	PAK	CETYL	0213	CETACAINE DELIVER TIPS 100/PK	\$ 88.63	\$ 88.63
70434381	1.000	1.000	BX	KNKMED	BE1147	GLOVE SUPERSLIM NITRIL PF 300 MEDIUM	\$ 20.79	\$ 20.79

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-compliant transaction statements, into 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.

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



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
Practitioner #: 3100040949 Rx License #: 19020280
Practitioner: BARBAGALLO MARGUERITE A
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Mar 24, 2023 4:58:09 PM
Invoice Date: Mar 24, 2023
Customer P.O.: BO 000870
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

INVOICE

Order #	Pack Slip #	Invoice #
0620137416	8024051290	3024807620

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70434373	1.000	1.000	BX	KNKMED	BE1146	GLOVE SUPERSLIM NITRIL PF 300 SMALL	\$ 20.79	\$ 20.79
71446483	10.000	10.000	BAG	BRAVAL	071446483	IMPRESSION TRAY DISP 3# UPR PERF MEDIUM	\$ 6.49	\$ 64.90
71446491	5.000	5.000	BAG	BRAVAL	071446491	IMPRESSION TRAY DISP 4# LWR PERF MEDIUM	\$ 6.49	\$ 32.45
70850503	8.000	8.000	PAK	PATTER	07-085-0503	CHAIR COVER FILM 3800 225/PK	\$ 19.49	\$ 155.92
75683701	4.000	4.000	EA	PINNAC	3870-NS	CHAIR SLEEVE NO SLIP NS	\$ 40.86	\$ 163.44
74487021	5.000	5.000	PAK	KROMO	KRM302	KROMOPAN 100 REF 1 LB	\$ 12.15	\$ 60.75
71245018	15	0	EA	HUFRIE	IMS-1507N	HAND ESSENTIALS LOTION SOAP 16OZ		
Compliance Data:								
Ship-to:								
Practitioner: BARBAGALLO MARGUERITE A								
PRAC RX LICENSE: 19020280								
Sold-by:								
BRANCH STATE RX: 004.001803								
Shipped From:								
FC STATE RX: 278.000007								
We continue to implement special measures to ensure continuity of supply. ALL SALES OF INJECTION 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.								

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

INVOICE

US

Representative: Anthony Skrobowski

Total	\$ 1617.77
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"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

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

Mon, Mar 27, 2023 at 05:58 PM UTC

CC:

BCC:

1 attachment

2621_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3024654814
Invoice Date: 3/15/2023
PO Number: B0000870
Check Number: E0094673
Check Amount: \$ 2,430.30
Check Date: 04/11/2023
Voucher Number: V0780780
Document Type: AP Invoice

Document Below

Only copy 3/16/23

PATTERSON DENTAL

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

Customer #: 0200085769
Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Feb 9, 2023 1:35:53 PM
Invoice Date: Mar 15, 2023
Customer P.O.: BO 000870
Shipped From:
Shipped by Vendor/Manufacturer

Order #	Pack Slip #	Invoice #
0619926976		3024654814

INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70328831	1.000	1.000	PAK	POS	VJO-28831-PAT3	PK-100 SCTTR BAG ASST BEST SELLERS7.5X10	\$ 29.95	\$ 29.95
<div> <div> <div> <div> <div>1</div> <div>1</div> </div> </div> </div> </div>								
Total	1	1						

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 Tracalink. Enter <https://app.tracalink.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	\$ 29.95
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 0.40
Discount	\$ 0.40-
Total	\$ 29.95

Terms of Payment
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>

Thu, Mar 16, 2023 at 08:27 PM UTC

CC:

BCC:

1 attachment

2572_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3024841603
Invoice Date: 3/28/2023
PO Number: B0000785
Check Number: E0094673
Check Amount: \$ 2,430.30
Check Date: 04/11/2023
Voucher Number: V0780964
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

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

Invoice 3024841603

Date: 2023-03-28
Reference Number: 9002609361

Customer P.O.: rocker switch order

Ship From: **BD 000785**

Chicago (D)
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Customer #: 0200085769
Loyalty Status: Institution
Bill Cust #: 0200040696

Telephone: 630-616-8202
Fax: 630-616-8207

Conf. Date	Conf. No.	Product No.	Description	Quantity	Unit	Unit Price	Amount	
2023-03-27	9002609361	200000002	Service Labor	1.880	HR	\$378.99	712.50	
2023-03-27	9002609361	51857432	SWITCH ASSY CONTROL PANEL, 24V, ROCKER	1.000	EA	\$51.60	51.60	
2023-03-27	9002609361	54039327	DOOR SPRING	2.000	EA	\$9.24	18.48	
2023-03-27	9002609361	200000235	Travel Hours: Non-Billable	1.067	HR	\$0.00	0.00	
Information below could be truncated. Please refer to confirmations for additional details								
Confirmation # 9002609361 . Created on: 03/27/2023 . Exec. Employee: Glen Shipherd Went through all 15 chairs and units, tighten anything that was needed. Cleaned the friction arms for all 3 X-rays to get the noise to stop while moving the rigid arm. Replaced the door springs on unit D. Replaced the vacuum rocker switch.								
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>

Wed, Mar 29, 2023 at 01:55 PM UTC

CC:

BCC:

1 attachment

2645_001.pdf