

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034816606
Invoice Date: 1/14/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865656
Document Type: AP Invoice

Document Below

Emily Gardner 1/16/2025

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

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

Ship Date : 01-13-2025 8:25:45 AM
Invoice Date : 01-14-2025
Customer P.O. : BO 002228
Fulfillment Ctr:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46228-7724
US

INVOICE

Order #	Pack Slip #	Invoice #
0623044608	8032015807	3034816606

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
73620002	6.000	1.000	EA	MEDPLU	32380 (7740)	ALOE GUARD SOAP REF GALLON Backordered	\$ 45.34	\$ 45.34
<div><div><div>Total</div><div>6</div><div>1</div></div><div><div>Terms of Payment</div><div>Net due 60 days from inv date</div></div><div><div>Remit Payment to :</div><div>Patterson Dental Supply, Inc.</div><div>28244 Network Place</div><div>Chicago IL 60673-1282</div></div></div> <div><div><div>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. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds</div></div></div> <div><div><div>Sub Total</div><div>Local Tax</div><div>State Tax</div><div>Shipping and Handling</div><div>Discount</div></div><div><div>0%</div><div>0%</div><div></div><div></div></div><div><div>\$ 45.34</div><div>\$0.00</div><div>\$0.00</div><div>\$ 0.75</div><div>\$ 0.75-</div></div></div> <div><div>Total</div><div></div><div>\$ 45.34</div></div>								

Page 1 of 1

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

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

Thu, Jan 16, 2025 at 01:53 PM UTC

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0731_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034813927
Invoice Date: 1/14/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865657
Document Type: AP Invoice

Document Below

PATTERSON 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 3034813927

Date: 2025-01-14
Reference Number:

Customer P.O.: OperadDS

Ship From

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

Customer #: 0200085769
Bill Cust #: 0200040696

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

Conf. Date	Conf. No.	Product No.	Description	Quantity	Unit	Unit Price	Amount	Tax
		71256171	OPERADDS FORMS + RECALL MO	1.000	EA	\$149.00	149.00	
Payment Terms				Sub Total			\$149.00	
Net due 60 days from inv date				Local Tax		0.000 %	\$ 0.00	
Remit Payment to:				State Tax		0.000 %	\$ 0.00	
Patterson Dental Supply, Inc.				Total			\$149.00	
28244 Network Place				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. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds				
Chicago IL 60673-1282								

Amber only 1/15/25

130 002228

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

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

Wed, Jan 15, 2025 at 05:05 PM UTC

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034739363
Invoice Date: 1/10/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865658
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 #: 0200085769
Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

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

Ship Date: 01-08-2025 1:40:10 PM
Invoice Date: 01-10-2025
Customer P.O.: BO 002228
Fulfillment Ctr:
Shipped by Vendor/Manufacturer

Order #	Pack Slip #	Invoice #
0623144167		3034739363

INVOICE

1/14/2025
Emily
Conley

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
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71474204	3.000	3.000	RL	POS	VJO-474204-PAT3	RL-500 2025 LBL HOLOGRAPHIC RED 500	\$ 11.75	\$ 35.25
70238352	1.000	1.000	EA	POS	VJO-238352-PAT3	PILLOW NECK BUDDIES ADULT SMILEY TOOTH	\$ 25.95	\$ 25.95
70809392	1.000	1.000	BX	POS	VJO-809392-PAT3	PILLOW COVERS NECK BUD 200/BX	\$ 25.95	\$ 25.95

Total	5	5						
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Terms of Payment
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 payors 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. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds

Sub Total		\$ 87.15
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Shipping and Handling		\$ 0.98
Discount		\$ 0.98-

Total		\$ 87.15
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"Conley, Cynthia" <fiskc@cod.edu>

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

Tue, Jan 14, 2025 at 03:25 PM UTC

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034709637
Invoice Date: 1/9/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865659
Document Type: AP Invoice

Document Below



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

Telephone: 630-616-8202
Representative: Anthony Skrobowski

INVOICE

Order #	Pack Slip #	Invoice #
0623144167	8031962938	3034709637

We continue to implement special measures to ensure continuity of supply. **ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE.** Customers 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 of any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA state law information statements, info and history documents available to you by Tracelogic. Enter <https://app.tracelogic.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data sheets can be found on the Patterson Website or by going to <https://www.pattersonmedical.com/sds>

Page 1 of 1

Sub Total		\$ 121.96
Local Tax	0%	\$0.00
Slate Tax	0%	\$0.00
Shipping and Handling		\$ 1.37
Discount		\$ 1.37-
Total		\$ 121.96

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

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

Tue, Jan 14, 2025 at 03:25 PM UTC

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034702453
Invoice Date: 1/8/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865660
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 #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

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

Ship Date: 01-08-2025 6:00:52 PM
Invoice Date: 01-08-2025
Customer P.O.: BO 002228
Fulfillment Ctr: Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

INVOICE

Order #	Pack Slip #	Invoice #
0623144167	8031948380	3034702453

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
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70842633	12.000	12.000	BX	PATTER	084-2633	POUCH PLUS 7.5 X 13 200/PK	\$ 20.17	\$ 242.04
71073964	10.000	10.000	BAG	PATTER	107-3964	SALIVA EJECTOR LATEX-FREE CLEAR W/BUE	\$ 4.89	\$ 48.90
70115501	6.000	6.000	BX	PLASDE	PS3825	CHAIR COVER 32X32 200/BX	\$ 23.53	\$ 141.18
70842617	6.000	6.000	BX	PATTER	084-2617	POUCH PLUS 3-1/2 X 5-1/4 200/PK	\$ 8.96	\$ 53.76
70842583	6.000	6.000	BX	PATTER	084-2583	POUCH PLUS 5-1/4 X 10 200/PK	\$ 13.42	\$ 80.52
71422633	8.000	4.000	BX	PATTER	PA112	HALF CHAIR COVER FILM 27.5X24" 225/BX	\$ 30.49	\$ 121.96
70855650	4.000	4.000	GLL	PATTER	10-6970	Backordered		
71474204	3	0	RL	POS	VJO-474204-PAT3	PDCARE ENZYME CLEANER GALLON	\$ 36.37	\$ 145.48
70238352	1	0	EA	POS	VJO-238352-PAT3	RL-500 2025 LBL HOLOGRAPHIC RED RED 500/RL		
70809392	1	0	BX	POS	VJO-809392-PAT3	Items to be drop shipped from the vendor.		
73351994	2	0	EA	SULTAN	95524-000	PILLOW NECK BUDDIES ADULT SMILEY TOOTH		
						Items to be drop shipped from the vendor.		
						PILLOW COVERS NECK BUD 200/BX		
						Items to be drop shipped from the vendor.		
						LYSOL IC DISINF FOAM 24 OZ		
						Shipped from Blythwood Dental FC		

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Sub Total	\$ 833.84
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 9.36
Discount	\$ 9.36-
Total	\$ 833.84

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>

Tue, Jan 14, 2025 at 03:25 PM UTC

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3034688243
Invoice Date: 1/8/2025
PO Number: B0002228
Check Number: E0105233
Check Amount: \$ 1,262.09
Check Date: 01/22/2025
Voucher Number: V0865661
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 #: 0200085769
Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

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

Ship Date : 01-08-2025 11:37:32 AM
Invoice Date : 01-08-2025
Customer P.O. : BO 002228
Fulfillment Ctr: Patterson Logistics Services, Inc.
925 CAROLINA PINES BLVD STE B
BLYTHEWOOD SC 29016-7926
US

Order #	Pack Slip #	Invoice #
0623144167	8031948419	3034688243

INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
76351994	2.000	2.000	EA	SUL TAN	95524-000	LYSOL IC DISINF FOAM 24 OZ Not subject to hazardous material transport fee	\$ 12.40	\$ 24.80

Compliance Data:

Fulfillment Ctr: GEN USE PESTICIDE: EXEMPT

Total	2	2
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Terms of Payment
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 REFUNDABLE. 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. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds

Sub Total	\$ 24.80
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 0.28
Discount	\$ 0.28-
Total	\$ 24.80

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

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

Tue, Jan 14, 2025 at 03:25 PM UTC

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