

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 45225675

Invoice Date: 12/06/17

PO Number: P0354319

Check Number: 0229926

Check Amount: \$ 1,544.00

Check Date: 01/17/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0489655

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Dentsply North America
Representing: Professional East,
Pharmaceutical, Midwest, Calif. &
Rinn/MPL
570 W. College Ave.
York, PA 17404
Phone: 800-877-0020

Page 1	Invoice 45225675
Cust No. 204400	Date 12/06/2017



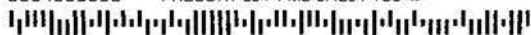
Temp - Return Service Requested

INVOICE

Invoice To:

Ship To:

0254001032 PRESORT 654 1 MB 0.420 P1C3 <>



COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

3 WAY MATCH

Order No.	Shipped Via	Sls No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO281-1406	UPS1D		Net 30 days	006			354319
Item Number	Description			Quantity	Unit	Unit Price	Amount
8161427	CAVITRON PROPHY-JET PACKAGE-2015			1.00	EA	1544.00	1,544.00
Batch:	1709000043						
Serial:	G138-03093						
Tracking Number:	1ZV419A80155052558						
	PLEASE REFERENCE PO# 354319 ON ALL DOCUMENTS NCS						

Due balances are subject to 1.5% per month finance charge.***

Subtotal	1,544.00
Total Tax	0.00
Handling	0.00
Total	1,544.00
Paid Credit Card	0.00
Amount Due	1,544.00
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Please detach and return this portion with your payment.

Please Remit to Address below

Dentsply International Inc
Dept.DNA
P. O. Box 536935
Atlanta, GA 30353-6935

Complete the following to charge your balance on:



Card #: _____

Exp. Date: _____

Signature: _____

Wiring Instructions:

PNC Bank
ABA#: 031000053
SWIFT#: PNCCUS33
Acct: Dentsply Sirona Inc.
Acct#: 8611723909

Cust No.	Date	Invoice	Amount
204400	12/06/2017	45225675	1,544.00