

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0094376418

Invoice Date: 12/18/17

PO Number: B0352839

Check Number: E0064971

Check Amount: \$ 189.05

Check Date: 01/17/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0490984

Redaction Type: None

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

Document Below



PATTERSON DENTAL

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

SHIP
TO

SOLD
BY

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

INVOICE

Order #	Pack Slip #	Invoice #
0602762418	0085013116	0094376418

Ship Date: Dec 18, 2017 4:07:27 PM
Invoice Date: Dec 18, 2017
Customer P.O.: BO 352 839
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Customer #: 0200045769 S.I. # 0200040696
Advantage Level: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

AP VERIFIED
01/10/18 - BETHANY CRUSE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
75601588	1.000	1.000	PAK	SIRONA	5968263	GALILEO SLVS 150X47 500/PK	\$ 105.95	\$ 105.95
77093164	1.000	1.000	CS	MEDEGE	00060	EMESIS BASIN PLASTIC 12/CS	\$ 72.35	\$ 72.35

M. Ahmad Chaudhry 1/4/18
M. Ahmad Chaudhry
GL# 01-10-00153-8401002

Total 2 2

Payment Terms
Net Due 30 Days from Inv. Date

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

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.

Sub Total		\$ 178.30
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 10.75
Total		\$ 189.05