

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0094828930

Invoice Date: 01/10/18

PO Number: P0355374

Check Number: E0065183

Check Amount: \$ 1,344.57

Check Date: 01/31/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0492055

Redaction Type: None

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

Document Below



✓H-Q

Anty file 1/18/18  
Rec. 1/18/18

# INVOICE

Order #	Pack Slip #	Invoice #
0602670168	0085273994	0094828930

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

Ship Date: Jan 10, 2018 10:14:03 AM

Invoice Date: Jan 17, 2018

Customer P.O. # 3-55377

Shipped From:

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

**AP VERIFIED**

Customer # 420035769- BETHANY CRUSE  
Advantage Level: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
101579352	1.000	1.000	EA	ADEC	UPHOLSET	CHAIR UPHOLSTERY REPLACEMENT	\$ 1074.45	\$ 1074.45
101570835	1.000	1.000	EA	ADEC	UPHOLPCS	GENERIC UPHOLSTERY REPLACEMENT	\$ 142.50	\$ 142.50
101570835	1.000	1.000	EA	ADEC	UPHOLPCS	GENERIC UPHOLSTERY REPLACEMENT	\$ 102.60	\$ 102.60

M. Ahmad Chaudhry 1/18/18  
M. Ahmad Chaudhry

GL#: 01-10-00153-5401002

Total		3	3	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		\$ 1319.55
Terms of Payment					Local Tax	0%	\$0.00
Net Due 30 Days from Inv. Date					State Tax	0%	\$0.00
Remit Payment to:							
Patterson Dental Supply, Inc.							
28244 Network Place							
Chicago IL 60673-1282							
Page		1	of	1	Total		\$ 1319.55

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0094885035

Invoice Date: 01/19/18

PO Number: B0352839

Check Number: E0065183

Check Amount: \$ 1,344.57

Check Date: 01/31/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0492272

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

*Amish 1/22/18*

## INVOICE

Order #	Pack Slip #	Invoice #
0603073339	0085401643	0094885035

Ship Date: Jan 19, 2018 3:53:27 PM  
Invoice Date: Jan 19, 2018  
Customer P.O.: PO BO352839  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

SHIP TO

SHIP BY

**AP VERIFIED**  
**01/25/18 - BETHANY CRUSE**

Customer #:

020085763

Est. #

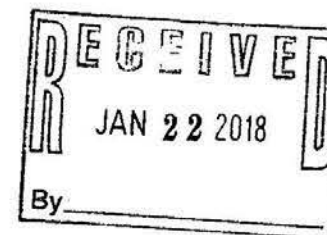
200046506

Advantage Level: Institution

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

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
51020510	2.000	2.000	EA	ADEC	027.063.00	KNOB-STOOL ADJUSTMENT	\$ 12.51	\$ 25.02
51020510	3	0	EA	ADECPT	027.063.00	KNOB-STOOL ADJUSTMENT Shipped from Mt. Joy Dental FC		
51761139	1	0	EA	ADECPT	99.0629.00	HOLDER BAR KIT UNIT LH 2POS Shipped from Mt. Joy Dental FC		
51761139	1	0	EA	ADECPT	99.0629.00	HOLDER BAR KIT UNIT LH 2POS Shipped from Blythewood Dental FC		
50124537	2	0	EA	ADECPT	40.1212.00	QD ASSY PANEL MOUNT MALE Items to be drop shipped from the vendor.		
51011543	10	0	EA	ADECPT	030.027.01	ORING 10/PK Shipped from Mt. Joy Dental FC		
70792234	3	0	PAK	NAV26	VJO-792234-	SUNGLASSES ASSRTD NEON 12/PK Items to be drop shipped from the vendor.		
70244194	2	0	PAK	NAV26	VJO-244194-	SAND TIMER 2-MINUTE 40/PK Items to be drop shipped from the vendor.		
70424945	2	0	PAK	NAV26	VJO-424945-	RUBBER DUCK ASSRT 50/PK Items to be drop shipped from the vendor.		



*M. Ahmad Chaudhry 1/23/18*  
*M. Ahmad Chaudhry*  
*GL# 01-10-00153-5401002*

Total 2

Payment Terms  
Net Due 30 Days from Inv. Date

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

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Sub Total		\$ 25.02
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Total		\$ 25.02