

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 45346030

Invoice Date: 03/22/18

PO Number: P0356864

Check Number: 0234836

Check Amount: \$ 593.93

Check Date: 04/11/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0507344

Redaction Type: None

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

Document Below



Dentsply North America  
Representing: Professional East  
Pharmaceutical, Midwest, South,  
PacNW, SFL  
570 W. College Ave.  
York, PA 17404  
Phone: 800-877-0020

Page 1	Invoice 45346030
Cust No. 204400	Date 03/22/2018



Temp - Return Service Requested

## INVOICE

Invoice To

**3 WAY MATCH**

2726000171 PRESORT 820 1 MB 0.421 P1C3



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

Ship To:

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

Order No.	Shipped Via	Sls No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO3257970	UPS1D		Net 30 days				356864
Item Number	Description			Quantity	Unit	Unit Price	Amount
200138	EZ VIEW 20 H#2 B/W HISTORY			1.00	EA	90.48	90.48
200500	EZ VIEW FASTEAR			2.00	EA	40.71	81.42
201048	EZ VIEW 104C			4.00	EA	23.97	95.88
201182	EZ VIEW 8H 6V 4BW#2			2.00	EA	57.45	114.90
540071	XCP-ORA FILM SCHOOL KIT			1.00	EA	108.54	108.54
Batch:	20170713						
550141	FASTAB HOLDER BITEWING KIT,SIZE 1.5/2			1.00	EA	46.19	46.19
Batch:	00002568						
141000	BITE-WING TAB-1000 BX			4.00	EA	14.13	56.52
Tracking Number:	1ZV419A80155675091						

\*\*\*Past due balances are subject to 1.5% per month finance charge.\*\*\*

Subtotal	593.93
Total Tax	0.00
Handling	0.00
Total	593.93
Paid Credit Card	0.00
Amount Due	593.93
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

Wiring Instructions:

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

Complete the following to charge your balance on:



Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cust No.	Date	Invoice	Amount
204400	03/22/2018	45346030	593.93



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

Page 2	Invoice 45346030
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	PLEASE REFERENCE PO# 356864 ON ALL DOCUMENTS- KRR PLEASE SHIP ATTENTION TO CINDY FISK						

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