

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0094952290A

Invoice Date: 01/24/18

PO Number: B0352839

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0496222

Redaction Type: None

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

Document Below



REC'D

Cindy Fole  
1/30/18

## CREDIT

Order #	Pack Slip #	Credit #
0005818515	N/A	0094952290

Date: Jan 24, 2018 1:45:50 PM

Customer P.O.:

BD 352-839

Shipped From:

Patterson Logistics Services, Inc.

7055 CLEVELAND RD

SOUTH BEND IN 46628-7724

US

SHIP TO

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

1.31.18

C.O.D.

SOLD BY

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

Customer #: 0200085769

Bill Cust #: 0200040696  
Advantage Level: InstitutionTelephone: 630-616-8202  
Representative: Anthony Skrobowski

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
51020510	0.000	5.000	EA	ADEC	027.063.00	KNOB-STOOL ADJUSTMENT	\$ 12.51	\$ 62.55
Credit Memo - Do Not Pay								
<b>AP VERIFIED</b>								
<b>02/14/18 - BETHANY CRUSE</b>								
M. Ahmad Chaudhry 1/30/18 M. Ahmad Chaudhry GL#: 01-10-00153-5401002								
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.								
Total 0 5							Sub Total	\$ 62.55
Terms of Payment							Local Tax	0% \$0.00
Net Due 30 Days from Inv. Date							State Tax	0% \$0.00
Remit Payment to:							Total	\$ 62.55
Patterson Dental Supply, Inc.								
28244 Network Place								
Chicago IL 60673-1282								

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0094952290B

Invoice Date: 01/24/18

PO Number: B0352839

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0496230

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

REC'D

1.31.18

C.O.D.

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

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Customer #: 0200085769 Bill Cust #: 0200040696  
Advantage Level: Institution

Order #	Pack Slip #	Credit #
0005818515	N/A	0094952290

Date: Jan 24, 2018 1:45:50 PM

Customer P.O.:

Shipped From:

Patterson Logistics Services, Inc.

7055 CLEVELAND RD

SOUTH BEND IN 46628-7724

US

**AP VERIFIED**

**02/14/18 - BETHANY CRUSE**

Product #	Qty	Unit Price	Amount	Description	Unit Price	Amount
51020510	0.000	5.000	EA	ADEC	027.063.00	KNOB-STOOL ADJUSTMENT
						Credit Memo - Do Not Pay
<p><i>M. Ahmad Chaudhry 1/30/18</i>  <i>M. Ahmad Chaudhry</i>  <i>GL#: 01-10-00153-5401002</i></p>						
<b>Total</b>				<b>Sub Total</b>		\$ 62.55
Terms of Payment				Local Tax	0%	\$0.00
Net Due 30 Days from Inv. Date				State Tax	0%	\$0.00
Remit Payment to:				<b>Total</b>		\$ 62.55
Patterson Dental Supply, Inc.						
28244 Network Place						
Chicago IL 60673-1282						

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0031248577

Invoice Date: 04/09/18

PO Number: B0352839

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0509190

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

REC'D

Under 4/3  
04/10/18

## INVOICE

Order #	Pack Slip #	Invoice #
0603919347	0086469312	0031248577

Ship Date: Apr 09, 2018 4:07:59 PM  
Invoice Date: Apr 09, 2018  
Customer P.O.: BO 352 839  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

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

**AP VERIFIED**

Customer # 0200005789  
**04/13/18 - BETHANY CRUSE**  
Bill To: 0200040696  
Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70899625	1.000	1.000	BX	PATTER	0899625	SUTURE S BR HS24 CP64 18" 3/0	\$ 28.30	\$ 28.30
70307157	1	0	PAK	NAV26	VJO-307157-	RUBBER DUCK DENTAL 12/PK Items to be drop shipped from the vendor.		
70209148	1	0	PAK	NAV26	VJO-209148-	RUBBER DUCKIES DOG 12/PK Items to be drop shipped from the vendor.		
70147322	2	0	BX	NAV26	VJO-147322-	BALL PON PON ASST 5" 12/BX Items to be drop shipped from the vendor.		
70156232	1	0	BX	NAV15	JOJ48152	IB MOTRIN TABLETS 2/PK 50/BX MULTI Items to be drop shipped from the vendor.		

*M. Ahmad Chaudhry 4/11/18*

*M. Ahmad Chaudhry*

*GL# 01-10-00153-5401002*

Total 1

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		\$ 28.30
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 3.15
Total		\$ 31.45

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0031144005

Invoice Date: 04/03/18

PO Number: P0357101

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 64002

Reviewer Name:

Voucher Number: V0509658

Redaction Type: None

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

Document Below

# PATTERSON DENTAL

COLLEGE OF DUPAGE SHIP & RECEIVING  
DANIELLE KUGLIN SRC-1111  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708  
US

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE 6  
WOOD DALE IL 60191-1005  
US

## INVOICE

Order #	Pack Slip #	Invoice #
0603860539	0086393189	0031144005

Ship Date: Apr 03, 2018 11:58:14 AM  
Invoice Date: Apr 03, 2018  
Customer P.O.: 357101  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Customer #: 0200085769  
Rx License#: 19.02028

Bill Cust #: 0200040696  
Advantage Level: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

**AP VERIFIED**  
**04/19/18 - BETHANY CRUSE**

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70853978	1.000	1.000	BX	PATTER	05A0100	Sold By: Branch WH License 004.001803 MARGUERITE, BARBAGALLO, ANGELA 19.02028 LIDOCAINE ANES 2% W/EPIN 1:100,000 50/ Lidocaine hydrochloride 2% and Epinephrine 1:100,000 Injection ## NDC # 50227-1030-05 Non Returnable # Prescription HazMat. NDC : 50227103005	\$ 40.50	\$ 40.50
70407163	2.000	2.000	EA	PATTER	03-27319	TOPICAL ANESTHETIC MINT NDC : 50227100403	\$ 8.00	\$ 16.00
70854075	1.000	1.000	BX	PATTER	05A0003	MEPIVACAINE 3% ANES 50/PK Mepivacaine HCl 3% injection without vasoconstrictor NDC #50227-1080-05 Returnable if unopened. Call for prepaid shipping label. NDC : 50227108005	\$ 49.75	\$ 49.75
70388397	5.000	3.000	EA	YOUNG	410001	HYGIENE HPC Backordered Serial # Y94276 Serial # Y94277 Serial # Y94278	\$ 700.00	\$ 2100.00

**RECEIVED**  
**APR 04 2018**  
**APPROVED**  
**APR 18 2018**

Total 9

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		\$ 2206.25
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 6.58
Discount		\$ 6.58
Total		\$ 2206.25



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0031205589

Invoice Date: 04/05/18

PO Number: P0357101

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 64002

Reviewer Name:

Voucher Number: V0509659

Redaction Type: None

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

Document Below



COLLEGE OF DUPAGE SHIP & RECEIVING  
DANIELLE KUGLIN SRC-1111  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

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

**AP VERIFIED**  
**04/19/18 - BETHANY CRUSE**

Bill Cust #: 0200040696 Telephone: 630-616-8202  
 Advantage Level: Institution Representative: Anthony Skrzypowski

# INVOICE

Order #	Pack Slip #	Invoice #
0603901629	0086445500	0031205589

Ship Date: Apr 05, 2018 4:32:56 PM  
 Invoice Date: Apr 05, 2018  
 Customer P.O. 357101  
 Shipped From:  
 Patterson Logistics Services, Inc.  
 1905 LAKEWOOD DR  
 BOONE IA 50036-7604  
 US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70388397	1.000	1.000	EA	YOUNG	410001	HYGIENE HPC Serial: # Y94635	\$ 700.00	\$ 700.00

4/13

RECEIVED

APR 06 2018

BY: Rm

APPROVED

APR 18 2018

RECEIVED  
APR 06 2018  
BY: Rm

APPROVED

APR 18 2018

~~Total~~

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		\$ 700.00
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 5.37
Discount		\$ 5.37-
Total		\$ 700.00

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0031207101

Invoice Date: 04/05/18

PO Number: P0357101

Check Number: E0066695

Check Amount: \$ 3,512.60

Check Date: 04/25/2018

Department ID: 64002

Reviewer Name:

Voucher Number: V0509660

Redaction Type: None

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

Document Below

# PATTERSON VETERINARY

COLLEGE OF DUPAGE SHIP & RECEIVING  
DANIELLE KUGLIN SRC-1111  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

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

## INVOICE

Order #	Pack Slip #	Invoice #
0603901629	0086445260	0031207101

Ship Date: Apr 05, 2018 5:23:18 PM  
Invoice Date: Apr 05, 2018  
Customer P.O. # 3574101  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

**AP VERIFIED**

Customer #: 0200085769 Bill to: 04/19/18 BETHANY CRUSE  
Advantage Level: Institution Rep: 630-616-8202  
Representative: Anthony Skrobowski

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70388397	1.000	1.000	EA	YOUNG	410001	HYGIENE HPC Serial # Y94638	\$ 700.00	\$ 700.00
70388397	1	0	EA	YOUNG	410001	HYGIENE HPC Shipped from Boone Dental FC		

**RECEIVED**  
APR 06 2018  
BY: RM

5/5  
All received  
**APPROVED**  
APR 18 2018

Total	1							
<p>PAYMENT TERMS</p> <p>Net Due 30 Days from Inv. Date</p> <p>Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282</p>						<p>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.</p>		
						Sub Total		\$ 700.00
						Local Tax	0.00 %	\$ 0.00
						State Tax	0.00 %	\$ 0.00
						Shipping and Handling		\$ 5.38
						Discount		\$ 5.38-
						Total		\$ 700.00