

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0032509350

Invoice Date: 06/21/18

PO Number: B0352839

Check Number: E0068043

Check Amount: \$ 261.90

Check Date: 07/05/2018

Department ID: 00153

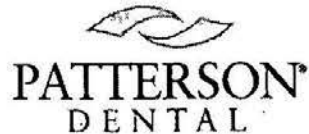
Reviewer Name:

Voucher Number: V0517747

Redaction Type: None

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

Document Below



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

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

# INVOICE

Order #	Pack Slip #	Invoice #
0604699000		0032509350

Ship Date: Jun 21, 2018 1:40:43 PM  
Invoice Date: Jun 21, 2018  
Customer P.O.: BO352 839  
Shipped From:  
Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

SHIP TO

SOLD BY

**AP VERIFIED**  
**06/27/18 - BETHANY CRUSE**  
Customer # 0200065769 Bill # 0200065769  
Advantage Level: Institution

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70510123	1.000	1.000	PAK	POS	VJO-510123-	BROCH DENT EDUC TREATING PERIODONTAL DIS	\$ 60.75	\$ 60.75
70510321	1.000	1.000	PAK	POS	VJO-510321-	BROCH DENT EDUC-LG PERIODONTAL DISORDERS	\$ 60.75	\$ 60.75
70420745	1.000	1.000	PAK	POS	VJO-420745-	BROCH DEN 8-PANEL TOOTH DECAY IN BABY TE	\$ 43.25	\$ 43.25

*M. Ahmad Chaudhry 6/21/18*  
*M. Ahmad Chaudhry*  
*GL# 01-10-00153-5401002*

<b>Total</b>	<b>3</b>	<b>3</b>	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. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter <a href="https://app.tracelink.com/login">https://app.tracelink.com/login</a> into your web browser, to access this info. A one-time registration is required.					<b>Sub Total</b>		<b>\$ 164.75</b>
<b>Terms of Payment</b>								<b>Local Tax</b>	0%	<b>\$0.00</b>
<b>Net Due 30 Days from Inv. Date</b>								<b>State Tax</b>	0%	<b>\$0.00</b>
<b>Remit Payment to:</b>								<b>Shipping and Handling</b>		<b>\$ 10.75</b>
Patterson Dental Supply, Inc.								<b>Total</b>		<b>\$ 175.50</b>
28244 Network Place										
Chicago IL 60673-1282										
Page 1 of 1										

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0032412332

Invoice Date: 06/15/18

PO Number: B0352839

Check Number: E0068043

Check Amount: \$ 261.90

Check Date: 07/05/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0517750

Redaction Type: None

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

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

**AP VERIFIED**

Customer #: 0200085769

Bill Cust #:

0200040696

**06/27/18 - BETHANY CRUSE**

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

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

*Copy Rec 6/19/18*

## INVOICE

Order #	Pack Slip #	Invoice #
0604579824		0032412332

Ship Date: Jun 15, 2018 1:43:25 PM

Invoice Date: Jun 15, 2018

Customer P.O.: BO 352 839

Shipped From:

Patterson Dental Supply, Inc.

1226 MICHAEL DRIVE SUITE G

WOOD DALE IL 60191-1005

US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70331587	1.000	1.000	PAK	POS	VJO-331587-	BROCH DEN 8-PANEL DIABETES & ORAL HLTH	\$ 41.95	\$ 41.95
<div><i>M. Ahmad Chaudhry 6/21/18</i> <i>M. Ahmad Chaudhry</i> <i>GLT# 01-10-00153-5401002</i></div>								
Total 1 1							Sub Total	\$ 41.95
Terms of Payment Net Due 30 Days from Inv. Date  Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282							Local Tax	0% \$0.00
							State Tax	0% \$0.00
							Shipping and Handling	\$ 1.25
							Total	\$ 43.20

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. PATTERSON HAS MADE DSCSA TRANSACTION INFORMATION AVAILABLE TO YOU VIA AN EXTERNAL PROVIDER, TRACELINK. THIS INFORMATION IS ALSO MADE AVAILABLE IN LIGHT OF FLORIDA STATUTE 61N-1.030 AS APPLICABLE. ENTER [HTTPS://APP.TRACELINK.COM/LOGIN](https://app.tracelink.com/login) INTO YOUR WEB BROWSER TO ACCESS TRACELINK'S ONLINE PORTAL. THE PORTAL REQUIRES ONE-TIME REGISTRATION.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0032394022

Invoice Date: 06/14/18

PO Number: B0352839

Check Number: E0068043

Check Amount: \$ 261.90

Check Date: 07/05/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0517751

Redaction Type: None

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

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INVOICE



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

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Order #	Pack Slip #	Invoice #
0604579824		0032394022

Ship Date: Jun 14, 2018 1:55:18 PM

Invoice Date: Jun 14, 2018

Customer P.O.: BO 352 839

Shipped From:

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

Customer #: 000065769  
Advantage Level: Institution

**06/27/18 - BETHANY CRUSE**

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70331686	1.000	1.000	PAK	POS	VJO-331686-	BROCH DEN 6-PANEL ADA SNACK & SIP/TOOTH	\$ 41.95	\$ 41.95
<div>M. Ahmad Chaudhry 6/21/18 M. Ahmad Chaudhry Gr#: 01-10-00153-5401002</div>								

Total 1 1

Terms of Payment  
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		\$ 41.95
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Shipping and Handling		\$ 1.25
Total		\$ 43.20