

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 6105212182

Invoice Date: 07/10/18

PO Number: P0359146

Check Number: E0068421

Check Amount: \$ 2,136.00

Check Date: 07/25/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0521371

Redaction Type: None

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

Document Below



PATTERSON DENTAL

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

Customer#: 610228198

Advantage Level: Institute

7419

Cindy Felt
7/17/18

S Patterson Dental Supply, Inc.
O CHICAGO Branch
L 1226 MICHAEL DRIVE
D SUITE C
B WOOD DALE IL 60191-1005

AP VERIFIED
07/24/18 - BETTANY CRUSE

Telephone: (630) 616-8202
Representative: 610-05
Order#: 125/2700018

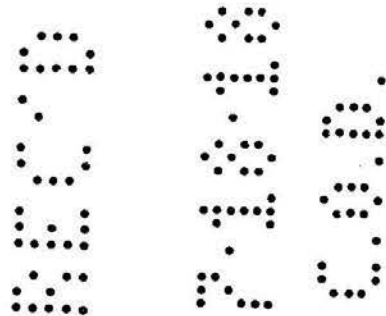
Submitted: 07/10/18 6:08 PM

INVOICE#: 6105212182

Date: 07/10/18 6:20 PM

Customer P.O.: 359796
Account: NA

Item#	Ordered	Shipped	Pkg	Mfr	Mfr Catalog#	Item Description	Unit Price	Amount	TAX	SC
07 317-9157	12	12	EA	EAGLES	PMCMO	Sold By Wholesale 004-001803 This invoice is bill only. SUPPORT CLINICAL MONTHLY	178.00	2136.00		31



M. Ahmed Chaudhry 7/18/18
M. Ahmed Chaudhry

GL#: 01-10-00153-5401002

Total 12 12

Subtotal 2136.00

Payment Terms:
Payment due upon receipt of statement.
Overdue balance is subject to service
charge not to exceed 1.5% per month.
to pay by invoice, send a copy of invoice(s)
with remittance to: Patterson Dental Supply Inc.
23254 Network Place, Chicago, IL 60673-1232