

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0033145354

Invoice Date: 08/01/18

PO Number: B0359305

Check Number: E0068750

Check Amount: \$ 75.06

Check Date: 08/15/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0522854

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

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

## INVOICE

Order #	Pack Slip #	Invoice #
0605153238	0087998079	0033145354

Ship Date: Aug 01, 2018 12:53:26 PM  
Invoice Date: Aug 01, 2018  
Customer P.O.: 60359305  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Customer #: 0200085769

Bill Cust #: 0200040696  
Advantage Level: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

**AP VERIFIED**

**08/09/18 ROBERT MAREK**

Product #	Ordered	Shipped	Unit	Vendor	Description	Unit Price	Amount
51011139	5.000	5.000	EA	DEC	027.065.00 KNOB-BACK HGHT ADJUST F/STOOL	\$ 12.51	\$ 62.55
51011139	1	0	EA	ADEC	027.065.00 KNOB-BACK HGHT ADJUST F/STOOL		
					Shipped from Mt. Joy Dental FC		

*Maranne Harricatt*  
Maranne Harricatt

GL#: 01-10-00153-5401002

Total	5	5							
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 product									
Sub Total							\$ 62.55		
Local Tax						0.00 %	\$ 0.00		
State Tax						0.00 %	\$ 0.00		
Total							\$ 62.55		

Payment Terms  
Net Due 30 Days from Inv. Date

Remit Payment to:  
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: 0033157667

Invoice Date: 08/01/18

PO Number: B0359305

Check Number: E0068750

Check Amount: \$ 75.06

Check Date: 08/15/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0523118

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

SOLD TO

SOLD BY

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

## INVOICE

Order #	Pack Slip #	Invoice #
0605153238	0087997864	0033157667

Ship Date: Aug 01, 2018 6:34:43 PM  
Invoice Date: Aug 01, 2018  
Customer P.O.: bo359305  
Shipped From:  
Patterson Logistics Services, Inc.  
1004 CORNERSTONE DR  
MOUNT JOY PA 17552-9419  
US

Customer #: **AP-VERIFIED** 020006763  
Bill Cust #: 0200040696  
Advantage Level: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

**08/14/18 - BETHANY CRUSE**

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
51011139	1.000	1.000	EA	ADEC	027.065.00	KNOB-BACK HGHT ADJUST F/STOOL	\$ 12.51	\$ 12.51
<p><i>Handwritten:</i> 8/8/18  <i>Handwritten:</i> Marianne Hurnicutt  <i>Handwritten:</i> GL# 01-10-00153-5401002</p>								

Total	1							
<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 product</p>						Sub Total		\$ 12.51
						Local Tax	0.00 %	\$ 0.00
						State Tax	0.00 %	\$ 0.00
						Total		\$ 12.51

Payment Terms  
Net Due 30 Days from Inv. Date

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