

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 45542181

Invoice Date: 09/27/18

PO Number: P0360426

Check Number: 0241583

Check Amount: \$ 548.42

Check Date: 10/17/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0529971

Redaction Type: Other

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

Document Below



Dentsply North America LLC
221 W. Philadelphia St., Suite 600
York, PA 17401-2991
888-775-4495

REC'D

Page 1	Invoice 45542181
Cust No. 204400	Date 09/27/2018



Temp - Return Service Requested

INVOICE

Invoice To:

10-418

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

Ship To:

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

3 WAY MATCH

Order No.	Shipped Via	Sl's No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO4187105	UPSGD		Net 30 days				360426
Item Number	Description			Quantity	Unit	Unit Price	Amount
130036	<DRUG> NUPRO MINT FL RINSE, 63 OZ			2.00	EA	29.94	59.88
Batch: 130038	180601 <DRUG> NUPRO BERRY-CHERRY FL RINSE, 63 OZ			1.00	EA	29.94	29.94
Batch: 6631211020	180327 <DRUG> ORAQIX GEL 20pk - COLLAR			4.00	EA	45.04	180.16
Batch: UC361							
Tracking Number:	1ZV419A80374032610						
	PO 360426 ATTN Cindy Fisk HSC 1122-CY						

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

Subtotal	269.98
Total Tax	0.00
Handling	0.00
Total	269.98
Paid Credit Card	0.00
Amount Due	269.98
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 Sirona Inc
Dept.DNA
P. O. Box 536935
Atlanta, GA 30353-6935

Wiring Instructions:

Complete the following to charge your balance on:



Card #: _____

Exp. Date: _____

Signature: _____

Cust No.	Date	Invoice	Amount
204400	09/27/2018	45542181	269.98

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 92332930

Invoice Date: 10/03/18

PO Number: P0360531

Check Number: 0241583

Check Amount: \$ 548.42

Check Date: 10/17/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0534438

Redaction Type: None

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

Document Below

sirona
The Dental Company

Sirona Dental, Inc.
30-30 47th Avenue, Suite 500
Long Island City, NY 11101
Phone: 718-937-5765
Fax: 718-482-2026

Payment	Pay net 30 days date of inv.
Delivery	Paid
Shipping	UPS 2nd day Air
Tracking #	

3 WAY MATCH

Bill-To
COLLEGE OF DUPAGE ACCOUNTS
PAYABLE
425 FAWELL BLVD.
GLEN ELLYN IL 60137
USA

Ship-To
COLLEGE OF DUPAGE SHIPPING & RECEIV
425 FAWELL BLVD.
M/F CINDY FISK
GLEN ELLYN IL 60137
USA

Remit To
Sirona Dental, Inc.
30-30 47th Avenue, Suite 500
Long Island City, NY 11101
Phone: 718-937-5765
Fax: 718-482-2026

CINDY FISK PURCHASING MANAGER 630-942-2238

Ordered	Shipped	Item Number / Description	Batch	Unit Price	Discount	Extended Price
4	4	B1074051 REFILL PACK, AIMRIGHT GRIP AIMING R		\$52.00	\$75.20	\$132.80
3	3	B1207011 CDRELITE_S2_300_SHEATH BOX ASSY		\$63.00	\$41.25	\$147.75

Subtotal	\$280.55
Tax	\$0.00
Freight	\$0.00
Total	\$280.55

For terms and conditions see link below
<http://www.sironausa.com/us/legal-contents/sales>