

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 45542069

Invoice Date: 09/27/18

PO Number: P0360296

Check Number: 0241584

Check Amount: \$ 102.40

Check Date: 10/17/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0530008

Redaction Type: None

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

Document Below



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

REC'D

Page 1	Invoice 45542069
Cust No. 204400	Date 09/27/2018



Temp - Return Service Requested

## INVOICE

Invoice To:

10 418

Ship To:

6371001281 PRESORT PBPS003 <>



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

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

**3 WAY MATCH**

Order No.	Shipped Via	SIs No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO4151805	UPS1D		Net 30 days				360296
Item Number	Description			Quantity	Unit	Unit Price	Amount
B1209025	SCHICK SENSOR HOLSTER KIT PO#360296 CINDY FISK-MNH			4.00	PC	25.60	102.40

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

Subtotal	102.40
Total Tax	0.00
Handling	0.00
Total	102.40
Paid Credit Card	0.00
Amount Due	102.40
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

Complete the following to charge your balance on:



Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Wiring Instructions:

Cust No.	Date	Invoice	Amount
204400	09/27/2018	45542069	102.40