

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 45581809

Invoice Date: 11/01/18

PO Number: P0361031

Check Number: 0244481

Check Amount: \$ 146.42

Check Date: 11/14/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0541769

Redaction Type: None

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

Document Below



Dentsply North America LLC
221 W. Philadelphia St., Suite 60W
York, PA 17401-2991
888-775-4495

Page 1	Invoice 45581809
Cust No. 204400	Date 11/01/2018

Temp - Return Service Requested

INVOICE

Invoice To:

Ship To:

1090000689 PRESORT PBPS002 <>



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

3 WAY MATCH

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

Order No.	Shipped Via	Sls No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO4331993	UPSGD		Net 30 days				361031
Item Number	Description		Quantity	Unit	Unit Price	Amount	
550500	SENSOR COVER BOX OF 500		1.00	EA	42.87	42.87	
Batch:	00015704						
559913	SHORT BAND ONLY		2.00	EA	23.20	46.40	
Batch:	00009546, 00010779						
559914	LONG BAND ONLY		2.00	EA	23.20	46.40	
Batch:	00009551, 00015316						
550613	CORD HOLDER XCP-DS		1.00	EA	11.01	11.01	
Batch:	00011889						
Tracking Number:	1ZV419A80348895167						
	PO 361031 CINDY FISK -CY						

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

Subtotal	146.68
Total Tax	0.00
Handling	0.00
Total	146.68
Paid Credit Card	0.00
Amount Due	146.68
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:



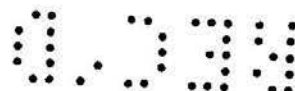
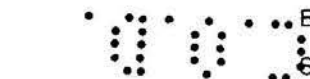
Card #: _____

Exp. Date: _____

Signature: _____

Wiring Instructions:

PNC Bank
ABA#: 031000053
SWIFT#: PNCCUS33
Acct: Dentsply Sirona Inc.
Acct#: 8611723909



Cust No.	Date	Invoice	Amount
204400	11/01/2018	45581809	146.68