

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 0034024547

Invoice Date: 09/24/18

PO Number: B0359305

Check Number: E0070336

Check Amount: \$ 373.83

Check Date: 11/14/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0541901

Redaction Type: None

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

Document Below



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

Telephone: 630-616-8202
Representative: Anthony Skrobowski

INVOICE

Order #	Pack Slip #	Invoice #
0605621115		0034024547

Ship Date: Sep 24, 2018 1:45:22 PM

Invoice Date: Sep 24, 2018

Customer P.O.: ~~001018~~

Shipped From:

Patterson Dental Supply, Inc.

1226 MICHAEL DRIVE SUITE G

WOOD DALE IL 60191-1005

US

Customer #: 0200085769 Bill Cust #: 0200040696

Advantage Level: Institution

AP VERIFIED

11/08/18 - BETHANY CRUSE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
55296926	1.000	1.000	EA	PLANME	6001012	CONE 12" FOCAL	\$ 373.83	\$ 373.83

Total	1	1	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 products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required.	Sub Total		\$ 373.83
Terms of Payment				Local Tax	0%	\$0.00
Net Due 30 Days from Inv. Date				State Tax	0%	\$0.00
Remit Payment to:						
Patterson Dental Supply, Inc.						
28244 Network Place						
Chicago IL 60673-1282						
Page	1	of 1		Total		\$373.83