

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3003252857

Invoice Date: 02/10/20

PO Number: P0368601

Check Number: E0080067

Check Amount: \$ 89.05

Check Date: 05/12/2020

Department ID: 64002

Reviewer Name:

Voucher Number: V0622258

Redaction Type: None

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

Document Below

From: bedford@cod.edu
Sent: Tue May 05 17:29:20 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Patterson Dental Invoice Attached \$49.45

Please process attached invoice from Patterson Dental.
Thank you,
Yvonne Bedford
Continuing Education



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Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Order #	Pack Slip #	Invoice #
0610873577	8005863513	3003252857

US

3 WAY MATCH

[illegible]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3003553813

Invoice Date: 02/26/20

PO Number: P0368601

Check Number: E0080067

Check Amount: \$ 89.05

Check Date: 05/12/2020

Department ID: 64002

Reviewer Name:

Voucher Number: V0622259

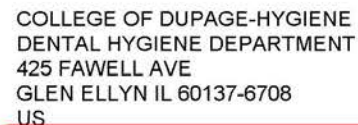
Redaction Type: None

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

Document Below

From: bedford@cod.edu
Sent: Tue May 05 17:30:28 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Invoice Attached: Patterson Dental \$14.71

Hello,
Please process the attached invoice for payment.
Thank you,
Yvonne Bedford
Continuing Education

SHIP
TO

3 WAY MATCH

Customer #: 020008576 All cust #:
Loyalty Status: Institution

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

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Order #	Pack Slip #	Invoice #
0610873577	8006102799	3003553813

Ship Date: Feb 26, 2020 2:27:07 PM

Invoice Date: Feb 26, 2020

Customer P.O.: PO 368601

Shipped From:

Patterson Logistics Services, Inc.

7055 CLEVELAND RD

SOUTH BEND IN 46628-7724

US

[illegible]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3003793523

Invoice Date: 03/09/20

PO Number: P0369143

Check Number: E0080067

Check Amount: \$ 89.05

Check Date: 05/12/2020

Department ID: 64002

Reviewer Name:

Voucher Number: V0622260

Redaction Type: None

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

Document Below

From: bedford@cod.edu
Sent: Tue May 05 17:32:46 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Patterson Dental Invoice Attached \$24.89

Hi,
Please process the attached invoice from Patterson Dental in the amount of \$24.89 for payment.
Thanks a bunch,
Yvonne Bedford
Continuing Education



Customer #: 0200085760

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Telephone: 630-616-8202
Representative: Anthony Skrobowski

Order #	Pack Slip #	Invoice #
0611200561	8006310629	3003793523

US

[illegible]