

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3004746994
Invoice Date: 05/13/20
PO Number: B0365216
Check Number: E0080136
Check Amount: \$ 106.17
Check Date: 05/20/2020
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0622670
Redaction Type: None
Document Type: AP Invoice

Document Below

From: fiske@cod.edu
Sent: Thu May 14 13:40:46 CDT 2020
To: invoicing@cod.edu
CC: langj@cod.edu
Subject: patterson 994

invoice for patterson



Lori Drummer
048 Parkview Circle
Carol Stream IL 60188
US

APPROVED

05/16/20 - DILYSS GALLYOT

Customer # 020003769

Bill Cust # 0200040696
Loyalty Status: Institution

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 #
0611865622	8007121437	3004746994

Ship Date: May 13, 2020 9:49:19 PM
Invoice Date: May 13, 2020
Customer P.O.: BO365 216
Shipped From:
Patterson Logistics Services, Inc.
925 CAROLINA PINES BLVD STE B
BLYTHEWOOD SC 29016-7926
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	TAX
75683701	3.000	3.000	EA	PINNAC	3870-NS	CHAIR SLEEVE NO SLIP NS	\$ 35.39	\$ 106.17	
<div>INVOICE REVIEWED OKAY TO PAY JESSICA LANG 05/15/20</div>									
Total	3	3							
We apologize if your infection control product order has not been delivered in full. Patterson Dental implemented special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. 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	\$ 106.17	
							Local Tax	0%	\$0.00
							State Tax	0%	\$0.00
							Shipping and Handling		\$ 10.75
							Discount		\$ 10.75-
							Total		\$ 106.17

Terms of Payment
Net due 60 days from inv date

Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282