

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3006979611  
Invoice Date: 08/24/20  
PO Number: B0370254  
Check Number: E0081384  
Check Amount: \$ 486.94  
Check Date: 09/02/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0640672  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: fiskc@cod.edu  
Sent: Thu Aug 27 13:07:00 CDT 2020  
To: fiskc@cod.edu,invoicing@cod.edu  
CC:  
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# PATTERSON DENTAL

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

Order #	Pack Slip #	Invoice #
0613198102	8009105395	3006979611

## INVOICE

Ship Date: Aug 24, 2020 7:41:04 PM

Invoice Date: Aug 24, 2020

Customer P.O.: BO 370 254

Shipped From:

Patterson Logistics Services, Inc.

1401 TRADEPORT DR

JACKSONVILLE FL 32218-2486

US

Customer #: 0200085269 Bill Cost #: 0200040696

Loyalty Status: Institution

Product # 21657253 Ordered 1.000

Vendor # 118HV-C

Description XRAY MOUNT 116-118HV CLR 100/PK

Unit Price \$ 46.15 Amount \$ 46.15

**INVOICE REVIEWED  
OKAY TO PAY  
JESSICA BARNETT 08/27/20  
08/28/20 - DILYSS GALLYOT**

We warrant that if your infection control product order has not been delivered in full, Patterson Dental will refund the specified amount to ensure continuity of supply. These terms are hereby acknowledged 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. Customers 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 OSCA/state law transaction statements, who 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	\$ 46.15
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 0.69
Discount	\$ 0.69-

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3007024474

Invoice Date: 08/26/20

PO Number: B0370254

Check Number: E0081384

Check Amount: \$ 486.94

Check Date: 09/02/2020

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0640673

Redaction Type: None

Document Type: AP Invoice

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COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE

GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

Bill Cust #: 0700040696  
Loyalty Status: Institution

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

Telephone: 630-616-8202  
 Representative: Anthony Skrob

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date: Aug 24, 2020 9:21:16 AM  
Invoice Date: Aug 26, 2020  
Customer P.O.: BO 370 254  
Shipped From:

Shipped From:

**Patterson Logistics Services, Inc.**

7055 CLEVELAND RD

**SOUTH BEND IN 46628-7724**

US

**INVOICE**

Only could see!

Order #	Pack Slip #	Invoice #
0613198102	8009105535	3007024474

Order #

0613198102

8009105535

800 702 4474

Ship Date: Aug 24, 2020 9:21:16 AM

Invoice Date: Aug 26, 2020

Customer P.O.: BO 370 254

Shipped From:

**Patterson Logistics Services, Inc.**

7055 CLEVELAND RD

**SOUTH BEND IN 46628-7724**

US

No 8/27

Product #	Order #
70911974	1.00
701285	1
444114	1
7036210	1
71667252	1
74861082	10
Total	

Terms of Payment  
 Net due 60 days from invoice date  
 Deposit Payment to:  
 Patterson Dental Supply Inc.  
 20244 Network Place  
 Chicago IL 60673-1282

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 08/27/2011**

APPROVED  
20 - DLYSS GALLYOT

Product #	Ordered	Shipped	Unit	Vendor
70911974	1.000	1.000	CS	IRS-091-197
7012851	1	0	EA	JO-128512
444114	1	0	PK	7078712
7036210	1	0	BY	80222
71657252	1	0	PK	118HV-C
74861084	10	0	BU	UF-524M

Developer Only Case	4 Bottles	Description
Not subject to hazardous material transport fee		
PK-225 SPRY DENTAL DEFENSE GUM	200/PKG	✓
Items to be drop shipped from the vendor.		
TRAP REPLAC BOT GT-64C 640Z 6/PK		✓
Shipped from Dinuba Dental FC		
SNUGGIES SENSOR SLEEVE	500/BX	✓
Shipped from Dinuba Dental FC		
XRAY MOUNT 116-118HV CLR	100/PK	✓
Shipped from Jacksonville Dental FC		
GLOVE ULTRA FORM NITRIL PF MEDIUM	300/BX	
Backordered		

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Sub Total	\$ 59.39
Local Tax	0%
State Tax	\$0.00
Shipping and Handling	0%
Discount	\$ 0.88

Page 1 of 1

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3006973348  
Invoice Date: 08/24/20  
PO Number: B0370254  
Check Number: E0081384  
Check Amount: \$ 486.94  
Check Date: 09/02/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0640674  
Redaction Type: None  
Document Type: AP Invoice

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**INVOICE**

Order #	Pack Slip #	Invoice #
0613198102	8009105440	3006973348

**PATTERSON DENTAL**

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60131-3208  
US

Customer #: 0206685419

Bill Cst #: 0200040396  
Loyalty Status: Institution

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

Ship Date: Aug 24, 2020 5:14:10 PM  
Invoice Date: Aug 24, 2020  
Customer P.O.: BO 370 254  
Shipped From:  
Patterson Logistics Services, Inc.  
800 MONTE VISTA DR  
DINUBA CA 93618-9117  
US

*08/27/20*

**INVOICE REVIEWED  
OKAY TO PAY  
JESSICA LANG 08/27/20**

**APPROVED  
08/28/20 - DILYSS GALLYOT**

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
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PAK INE/GR 7078712 TRAP REPLAC BOT GT-64C 640Z 6/PK  
BX FLOW 80222 SNUGGIES SENSOR SLEEVE 500/BX

\$ 27.99 \$ 27.99  
\$ 54.95 \$ 54.95

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Sub Total	\$ 82.94
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 1.24
Discount	\$ 1.24

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3007039961  
Invoice Date: 08/26/20  
PO Number: B0370254  
Check Number: E0081384  
Check Amount: \$ 486.94  
Check Date: 09/02/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0640676  
Redaction Type: None  
Document Type: AP Invoice

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# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60132-3608  
US

Customer #: 0200040696

Bill Cust #:  
Loyalty Stamp:

0200040696  
Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

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

Ship Date: Aug 24, 2020 2:46:18 PM  
Invoice Date: Aug 26, 2020  
Customer P.O.: BO 370 254  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Order #	Pack Slip #	Invoice #
0613198102	8009105536	3007039961

## INVOICE

*Unf only to c.*

*12/27*

**INVOICE REVIEWED  
OKAY TO PAY  
JESSICA LANG 08/27/20  
APPROVED  
08/28/20 - DILYSS GALEYOT**

Product #	Ordered	Ship to	Vendor	Vendor #:	Description	Unit Price	Amount
700811990	1.000	1.000	PATTERSON	HRS-091-199	FIXER ONLY CASE 4 BOTTLES	\$ 54.69	\$ 54.69
700812030	1.000	1.000	PATTERSON	07-0912030	XRAY MOUNT PERF UNIVERIS 2-UP	\$ 36.59	\$ 36.59
70083330	1.000	1.000	PATTERSON	088-3330	FACE SHIELD CLEAR REF 100/PK	\$ 103.59	\$ 207.18

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Sub Total	\$ 298.46
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 4.43
Discount	\$ 4.43
Total	\$ 298.46