

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1582970
Vendor Name: Dentsply Sirona Inc
Invoice Number: 46464815
Invoice Date: 03/31/21
PO Number: P0373062
Check Number: 0279054
Check Amount: \$ 108.48
Check Date: 04/13/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0671002
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Conley, Cynthia <fiskc@cod.edu>
Sent: Thu Apr 01 07:24:10 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Fw: [External] Your Invoice 46464815

Please pay the attached invoice. PO # 373-062
Thank you,
Cindy

From: Institutions@dentsplysirona.com <Institutions@dentsplysirona.com>
Sent: Thursday, April 1, 2021 5:07 AM
To: Invoicing; Conley, Cynthia
Subject: [External] Your Invoice 46464815

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Thank you for your recent order, we appreciate your business. Please find attached an invoice for your order. If you have any A/R questions, please contact us at the email on your invoice attached.

This message contains confidential information intended only for the use of the addressee(s) named above and may contain information that is legally privileged. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message by mistake, please immediately notify us by replying to the message and delete the original message immediately thereafter. Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of DENTSPLY SIRONA.

For information on how we process or monitor your personal data, please see our [Privacy Policy](#).

[attachment: 204400_46464815.pdf]



Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
www.dentsplysirona.com

Page
1 of 2

Invoice
46464815

Date
3/31/2021

Invoice

APPROVED

Invoice to: COLLEGE OF DUPAGE

Ship to:

COLLEGE OF DUPAGE

HSC 1122
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599
04/01/21 - LISA STOCK

HSC 1122

425 FAWELL BLVD

GLEN ELLYN, IL 60137-6599

Cust No.	Shipped Via	Order No.	Sls No.	Delivery terms	MFG	P.O. Date	P.O. No.
204400	UPSGD	SO7548311		Destination			373062
Item number	Description	Quantity	Unit	Unit price	Amount		
130038	PLEASE REFERENCE PO# 373062 ON ALL DOCUMENTS ATTN: CINDY CONLEY HSC 1122 <DRUG> NUPRO BERRY-CHERRY FL RINSE, 63	2.00	EA	54.24	108.48		
Batch number : 00060251 Expiration date: 2022/12/08 Manufacturing Date 2020/12/31							
Commodity code: 3306900000 COO:							

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

For A/R questions, please contact us at DealerCollections@dentsplysirona.com .

Subtotal	108.48
Total Tax	0.00
Handling	0.00
Total	108.48
Paid Credit Card	0.00
Amount Due	108.48
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Please Remit to Address below
Dentsply Sirona Inc
Dept.DNA
P. O. Box 536935
Atlanta, GA 30353-6935

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

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 04/01/21

Complete the following to clear our balance

() Mastercard
() Visa
() American Express
() Discover

Card #

Exp. Date

Signature

Cust No.	Date	Invoice	Amount
204400	3/31/2021	46464815	108.48



Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
www.dentsplysirona.com

Page 2 of 2	Invoice 46464815
Date 3/31/2021	

Invoice

Invoice to: COLLEGE OF DUPAGE
HSC 1122
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship to: COLLEGE OF DUPAGE
HSC 1122
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

To the extent required by law, buyer must (i) fully and accurately disclose the amount of this discount in any cost report or claim for reimbursement submitted to Medicare, Medicaid or other federal healthcare program; and (ii) comply with any request to provide documentation of the discount to representatives of the Secretary of Department of Health and Human Services and State agencies. Refer to the Terms and Conditions for all requirements.

Past due balances are subject to 1.5% per month finance charge.
For A/R questions, please contact us at DealerCollections@dentsplysirona.com .

Subtotal	108.48
Total Tax	0.00
Handling	0.00
Total	108.48
Paid Credit Card	0.00
Amount Due	108.48
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

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:

- ☐ Mastercard
☐ Visa
☐ American Express
☐ Discover

Card # _____

Exp Date _____

Signature _____

Wiring Instructions:

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

Cust No.	Date	Invoice	Amount
204400	3/31/2021	46464815	108.48