

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089097
Vendor Name: Ultradent Products
Invoice Number: 14306168
Invoice Date: 04/13/21
PO Number: B0370877
Check Number: E0084296
Check Amount: \$ 280.75
Check Date: 04/21/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0672554
Redaction Type: None
Document Type: AP Invoice

Document Below

INVOICE

ULTRADENT
PRODUCTS, INC.
ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648
Toll Free Phone Number: 800.552.5512
Phone Number: 801.572.4200

BILL TO:

COLLEGE OF DUPAGE
COLLEGE OF DUPAGE ACCOUNTS PAYABLE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

AMOUNT DUE	\$280.75
DUE DATE	13-MAY-21
TERMS	30 NET
INVOICE DATE	13-APR-21
INVOICE NUMBER	14306168
CUSTOMER ID	5243
PURCHASE ORDER	BO 370-877
SALES REP	JAMEY ROSCOE
TO VIEW ONLINE GO TO:	http://ultradent.billtrust.com
USE THIS ENROLLMENT TOKEN:	TVR LWT VFX

SHIP TO:
COLLEGE OF DUPAGE
COLLEGE OF DUPAGE SHIPPING & RECEIVING
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Page 1 of 1

QTY	ITEM NUMBER	DESCRIPTION / COMMENTS	TAX	UNIT PRICE	EXTENDED PRICE
4	5367	OPAESCENCE 15% PF MINT PATIENT KIT	N	25.34	101.36
1	4648	OPAESCENCE GO 15% MINT MINI KIT 12PK - US	N	179.39	179.39
Saved Amount: \$151.20					
INVOICE REVIEWED APPROVED OKAY TO PAY 04/15/21 - LISA STO JESSICA LANG 04/15/21					
<p>Due to COVID-19 we have shortened our business hours to 6:30 am to 5:30 pm MDST Monday through Friday. You may experience longer than usual wait times. Should you need assistance on your account please call us at 800-552-5512, Option 4 for Accounts Receivable. If you can email us your request or question, we will get back to you within 24 hours. You may email us at AR.Help@Ultradent.com or AccountsReceivable@Ultradent.com. We care about our customers and understand some may be affected by COVID-19. Thank you for your patience while we all work to get through this together. Take care and stay healthy!</p>					
SUBTOTAL		SALES TAX	CHARGES	INVOICE TOTAL	AMOUNT PAID
280.75		0.00	0.00	280.75	0.00
				AMOUNT DUE	\$280.75

PLEASE RETURN THIS PORTION WITH PAYMENT

ULTRADENT
PRODUCTS, INC.

ULTRADENT PRODUCTS, INC.
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A FINANCE CHARGE OF 1.5% PER MONTH (ANNUAL RATE OF 18%) ON THE UNPAID BALANCE WILL BE ADDED MONTHLY. MINIMUM CHARGE: 75 CENTS.

☐ CHECK IF THERE IS A CHANGE OF ADDRESS

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INVOICE NUMBER	14306168
CUSTOMER ID	5243
SALES REP	JAMEY ROSCOE

Online ordering is now available 24 hours a day, 7 days a week.
Please visit www.ultradent.com

REMIT TO:

ULTRADENT PRODUCTS, INC.
PO BOX 952648
ST LOUIS, MO 63195-2648

From: Conley, Cynthia <fiske@cod.edu>
Sent: Thu Apr 15 14:02:43 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0134_001.pdf]