

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 6105327670

Invoice Date: 07/12/21

PO Number: B0000322

Check Number: E0085916

Check Amount: \$ 2,388.00

Check Date: 08/11/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0693419

Redaction Type: None

Document Type: AP Invoice

Document Below



PATTERSON

DENTAL

COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708

TO

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

Andrey
8/14/21

INVOICE#: 6105327670

Date: 07/12/21 5:21 PM

Customer P.O.: PO# 000322
Account: NA

Customer#: 610228198

Advantage level: Institute

Telephone: (630) 616-8202
Representative: 610-05
Order#: 125/5822793
Submitted: 07/12/21 5:08 PM

Item# 07 317-9157 12 12 EA
Ordered shipped Pkg Mfr

mfr Catalog Item Description
Sold By Wholesale 004-001803
This invoice is bill only.
SUPPORT CLINICAL MONTHLY

Unit Price	Amount	SC
199.00	2388.00	31

Total 12 12

Subtotal 2388.00

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 08/04/21
APPROVED 08/09/21
JARED P DEANE

Payment Terms:
Payment due upon receipt of statement.
Overdue balance is subject to service
charge not to exceed 1.5% per month.
To pay by invoice, send a copy of invoice(s)
with remittance to: Patterson Dental Supply Inc.
38244 Network Place, Chicago, IL 60673-1282

From: Conley, Cynthia <fiske@cod.edu>
Sent: Wed Aug 04 07:18:12 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0392_001.pdf]