

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3019602808

Invoice Date: 5/18/2022

PO Number: P0003147

Check Number: E0089965

Check Amount: \$ 664.20

Check Date: 06/07/2022

Voucher Number: V0739762

Document Type: AP Invoice

Document Below

# PATTERSON DENTAL

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

Customer #: 0200085789

Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-9202  
Representative: Anthony Skrobowski

Rx License #:

Practitioner:

*Anthony Skrobowski*

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

Ship Date: May 18, 2022 12:25:26 PM  
Invoice Date: May 18, 2022  
Customer P.O.: P0003147  
Shipped From: Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Order #	Pack Slip #	Invoice #
0618632196	8019829908	3019602808

## INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
51020452	2,000	2,000	EA	ADEC	042,564.00	SOAP DISPENSER, CHROME (2000)	\$ 120.00	\$ 240.00
51018910	3,000	3,000	EA	ADEC	042,566.00	BOTTLE, SOAP DISPENSER, (2000)	\$ 39.00	\$ 117.00
50128417	1,000	1,000	EA	ADEC	23,1278.00	SYRINGE HEAD KIT, QD, TRAD, WARM WATER	\$ 262.00	\$ 262.00
51015940	8,000	8,000	EA	ADEC	55,2078.00	SHELF CLIPS KIT	\$ 6.90	\$ 55.20

RECEIVED  
MAY 19 2022  
BY: *cd*

We continue to implement special measures to ensure continuity of supply. 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. Manual checks may be converted and collected electronically.

Total	14	14						
Sub Total								\$ 664.20
Local Tax							0.00 %	\$ 0.00
State Tax							0.00 %	\$ 0.00
Total								\$ 664.20

Payment Terms  
Net due 60 days from inv date

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

**"Conley, Cynthia"** <fiskc@cod.edu>

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**Attached Image**

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**"Conley, Cynthia"** <fiskc@cod.edu>

Fri, May 20, 2022 at 02:42 PM GMT

CC:

BCC:

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**1 attachment**

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