

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1582970

Vendor Name: Dentsply Sirona Inc,DBA Dentsply North

Invoice Number: 47022730

Invoice Date: 4/7/2022

PO Number: B0000439

Check Number: 0299079

Check Amount: \$ 774.32

Check Date: 05/13/2022

Voucher Number: V0736883

Document Type: AP Invoice

Document Below



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

Cust No.	Shipped Via	Order No.	Sl's No.	Payment terms	MFG	P.O. Date	P.O. No.
204400	UPSGD	SO89491776		Net 30 days			PO000439
Item number	Description		Quantity	Unit	Unit price	Amount	
6631211020	PLEASE REFERENCE PO# PO000439 ON ALL DOCUMENTS ATTN: CINDY CONLEY <DRUG> ORAQIX GEL 20pk - COLLAP		2.00	EA	46.63	93.26	

Batch number : YM426 Expiration date: 2024/10/30

Commodity code: 3004909245 COO:

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Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
Phone:1-800-729-3001
www.dentsplysirona.com

Page 2 of 2	Invoice 47022730
Date 4/7/2022	

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

Delivery terms : Destination

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

SUBTOTAL BY SBU
Preventive - 93.26

Subtotal	93.26
Total Tax	0.00
Handling	0.00
Loyalty Redeemed	0.00
Total	93.26
Paid Credit Card	0.00
Amount Due	93.26
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Web Order.....

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	4/7/2022	47022730	93.26

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.

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

[External] Your Invoice 47022730

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

Fri, Apr 8, 2022 at 10:06 AM GMT

CC:

BCC:

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Thank you for your recent order, we appreciate your business. Please find attached an invoice for your order

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1 attachment

204400_47022730.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1582970

Vendor Name: Dentsply Sirona Inc,DBA Dentsply North

Invoice Number: 47021368

Invoice Date: 4/6/2022

PO Number: B0000439

Check Number: 0299079

Check Amount: \$ 774.32

Check Date: 05/13/2022

Voucher Number: V0736884

Document Type: AP Invoice

Document Below



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

Page 1 of 2	Invoice 47021368
	Date 4/6/2022

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

Delivery terms : Destination

Cust No.	Shipped Via	Order No.	Sls No.	Payment terms	MFG	P.O. Date	P.O. No.
204400	UPSGD	SO89491776		Net 30 days			PO000439
Item number	Description	Quantity	Unit	Unit price	Amount		
559906	PLEASE REFERENCE PO# PO000439 ON ALL DOCUMENTS ATTN: CINDY CONLEY XCP-DS FIT THIN ANT	2.00	EA	32.70	65.40		
Batch number : 00070153 Manufacturing Date 2022/03/08							
Commodity code: 9022906000 COO:							
559903	XCP-DS FIT HBW	1.00	EA	32.70	32.70		
Batch number : 00071253 Manufacturing Date 2022/02/07							
Commodity code: 9022906000 COO: US							
559907	XCP-DS FIT #0 PA	1.00	EA	32.70	32.70		
Batch number : 00062790 Manufacturing Date 2021/10/07							
Commodity code: 9022906000 COO:							
550623	XCPDS SCHICK BB 1H BITEWING	1.00	EA	24.36	24.36		
Batch number : 00065839 Manufacturing Date 2021/12/08							
Commodity code: 9022906000 COO:							
550624	XCPDS SCHICK BB 2H BITEWING	2.00	EA	24.36	48.72		
Batch number : 00065837 Manufacturing Date 2021/12/08							
Commodity code: 9022906000 COO:							



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

Page 2 of 2	Invoice 47021368
Date 4/6/2022	

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

Delivery terms : Destination

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

SUBTOTAL BY SBU
Preventive - 203.88

Subtotal	203.88
Total Tax	0.00
Handling	0.00
Loyalty Redeemed	0.00
Total	203.88
Paid Credit Card	0.00
Amount Due	203.88
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Web Order.....

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	4/6/2022	47021368	203.88

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.

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

[External] Your Invoice 47021368

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

Thu, Apr 7, 2022 at 10:07 AM GMT

CC:

BCC:

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1 attachment

204400_47021368.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1582970

Vendor Name: Dentsply Sirona Inc,DBA Dentsply North

Invoice Number: 47035864

Invoice Date: 4/15/2022

PO Number: B0000439

Check Number: 0299079

Check Amount: \$ 774.32

Check Date: 05/13/2022

Voucher Number: V0737937

Document Type: AP Invoice

Document Below

Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
Phone:1-800-729-3001
www.dentsplysirona.com

Page
1 of 2

Invoice
47035864

Date
4/15/2022

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

Delivery terms : Destination

Cust No. 204400	Shipped Via UPSGD	Order No. SO89546976	SIs No.	Payment terms Net 30 days	MFG	P.O. Date	P.O. No. BO000439
Item number	Description	Quantity	Unit	Unit price	Amount		
549971	PLEASE REFERENCE PO# BO000439 ON ALL DOCUMENTS ATTN: CINDY CONLEY XCP-DS FIT/FILM ST KIT	1.00	EA	141.67	141.67		
Batch number : 00070091 Manufacturing Date 2022/01/19							



Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
Phone:1-800-729-3001
www.dentsplysirona.com

Page 2 of 2	Invoice 47035864
Date 4/15/2022	

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

Delivery terms : Destination

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

SUBTOTAL BY SBU
Preventive - 141.67

Subtotal	141.67
Total Tax	0.00
Handling	0.00
Loyalty Redeemed	0.00
Total	141.67
Paid Credit Card	0.00
Amount Due	141.67
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Web Order.....

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	4/15/2022	47035864	141.67

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.

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

[External] Your Invoice 47035864

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

Sat, Apr 16, 2022 at 10:09 AM GMT

CC:

BCC:

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1 attachment

204400_47035864.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1582970

Vendor Name: Dentsply Sirona Inc,DBA Dentsply North

Invoice Number: 47051741

Invoice Date: 4/27/2022

PO Number: B0000439

Check Number: 0299079

Check Amount: \$ 774.32

Check Date: 05/13/2022

Voucher Number: V0737938

Document Type: AP Invoice

Document Below



Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
Phone:1-800-729-3001
www.dentsplysirona.com

Page
1 of 2

Invoice
47051741

Date
4/27/2022

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

Delivery terms : Destination

Cust No.	Shipped Via	Order No.	Sls No.	Payment terms	MFG	P.O. Date	P.O. No.
204400	UPSGD	SO89611172		Net 30 days	006		BO000439
Item number	Description	Quantity	Unit	Unit price	Amount		
8183203	PLEASE REFERENCE PO# BO000439 ON ALL DOCUMENTS NCS 30K STERI-MATE 360 HDPC. 3-PAK	1.00	EA	335.51	335.51		

Batch number : 00074606 Manufacturing Date 2022/04/11

Commodity code: 9018498080 COO: US

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Dentsply North America LLC
221 W.Philadelphia St., Suite 60W
York, PA 17401
Phone:1-800-729-3001
www.dentsplysirona.com

Page 2 of 2	Invoice 47051741
Date 4/27/2022	

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

Delivery terms : Destination

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

SUBTOTAL BY SBU
Preventive - 335.51

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Web Order.....: _____

Subtotal	335.51
Total Tax	0.00
Handling	0.00
Loyalty Redeemed	0.00
Total	335.51
Paid Credit Card	0.00
Amount Due	335.51
Currency	USD

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	4/27/2022	47051741	335.51

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.

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

[External] Your Invoice 47051741

"DO-NOT-REPLY@DENTSPLYSIONA.COM" <DO-NOT-REPLY@DENTSPLYSIONA.COM>

Thu, Apr 28, 2022 at 10:07 AM GMT

CC:

BCC:

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204400_47051741.pdf