

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1082014  
Vendor Name: American Dental Association  
Invoice Number: 3430655  
Invoice Date: 7/27/2022  
PO Number: P0003962  
Check Number: 0302254  
Check Amount: \$ 394.40  
Check Date: 09/13/2022  
Voucher Number: V0751406  
Document Type: AP Invoice

Document Below

**ADA American  
Dental  
Association®**

**Invoice**

*Cindy Conley*  
8/22/22

**Ship To:**

College of Dupage - Dental Hygiene Program  
425 Fawell Blvd  
Shipping & Receiving  
Glen Ellyn, IL 60137-6708

Invoice Number: 3430655  
Order Date: 07/27/2022  
Customer Number: 544135

**Bill To:**

College of Dupage - Dental Hygiene Program  
425 Fawell Blvd  
Accounts Payable, SRC2049  
Glen Ellyn, IL 60137-6708

**AMOUNT DUE: \$394.40**

ADA Customer ID #	Customer PO	Payment Method	Payment Term
544135	P0003962	Purchase Order	Due Upon Receipt
Representative	Shipping Method	Ship Date	
William Hatcher	UPS Ground commercial	N/A	
Quantity	Item Description	Unit Price	Extended
1	J452BT - CDT 2022 Coding Companion: Training Guide for the Dental Team	\$54.95	\$54.95
1	J58122BT - Complying with the HIPAA Breach Notification Rule - ISBN 978-1-68447-170-6	\$109.95	\$109.95
1	W26320 - Periodontal Maintenance: Stay on Top of Gum Disease	\$30.00	\$30.00
1	W29820 - Mantenimiento Periodontal (Periodontal Maintenance)	\$30.00	\$30.00
1	W15320 - Oral Health and the HPV Vaccine	\$30.00	\$30.00
1	W190 - Tobacco and Oral Health	\$30.00	\$30.00
1	W151 - Get the Facts About Mouth and Throat Cancer	\$30.00	\$30.00
1	W292 - Sip and Snack All Day? Risk Decay!	\$30.00	\$30.00
1	W297 ¿Bebidas y refrigerios todo el día? ¡Pues caries puede haber! (Sip and Snack All Day? Risk Decay!)	\$30.00	\$30.00

**Please remit check payments to:**

American Dental Association  
28094 Network Place  
Chicago, IL 60673-1280

Subtotal	\$374.90
Sales Tax	\$0.00
Shipping/Handling	\$19.50
<b>Grand Total</b>	<b>\$394.40</b>
Payment Total	\$0.00
<b>Amount Due</b>	<b>\$394.40</b>

To pay with credit card, please call 312-440-2610, or to pay with credit card or check, fill out this form and mail to American Dental Association, 28094 Network Place, Chicago, IL 60673-1280.

**Circle One:** Visa Mastercard American Express

**Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Invoice

Page 1 of 1

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

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**Attached Image**

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

Mon, Aug 22, 2022 at 08:09 PM GMT

CC:

BCC:

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**1 attachment**

1596\_001.pdf