

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1582970
Vendor Name: Dentsply Sirona Inc,DBA Dentsply North
Invoice Number: 47458761
Invoice Date: 2/17/2023
PO Number: B0000949
Check Number: 0310183
Check Amount: \$ 476.18
Check Date: 03/14/2023
Voucher Number: V0774507
Document Type: AP Invoice

Document Below



| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|



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

| | |
|-------------------|---------------------|
| Page 2 of 2 | Invoice 47458761 |
| Date 2/17/2023 | |

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 any questions regarding your account or invoices, please reach out
to DealerCollections@dentsplysirona.com or call 1-800-729-3001.
SUBTOTAL BY SBU
Preventive - 476.18

| | |
|------------------|--------|
| Subtotal | 476.18 |
| Total Tax | 0.00 |
| Handling | 0.00 |
| Loyalty Redeemed | 0.00 |
| Total | 476.18 |
| Paid Credit Card | 0.00 |
| Amount Due | 476.18 |
| 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 | 2/17/2023 | 47458761 | 476.18 |

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@DENTSPLY SIRONA.COM" <DO-NOT-REPLY@DENTSPLY SIRONA.COM>

[External] Your Invoice 47458761

"DO-NOT-REPLY@DENTSPLY SIRONA.COM" <DO-NOT-REPLY@DENTSPLY SIRONA.COM>

Sat, Feb 18, 2023 at 11:09 AM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

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

This message contains confidential information intended only for the use of the addressee(s) named above and may contain information that is legally privileged. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message by mistake, please immediately notify us by replying to the message and delete the original message immediately thereafter. Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of DENTSPLY SIRONA.

For information on how we process or monitor your personal data, please see our [Privacy Policy](#).

1 attachment

204400_47458761.pdf