

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1750981

Vendor Name: Sirona Complete Care

Check Details:

Check Number: 0342607

Check Amount: \$ 14,884.51

Check Date: 9/16/2025

Invoice Details:

Invoice Number: 14200

Invoice Date: 9/8/2025

PO Number: P0018290

Voucher Number: V0899818

Document Type: AP Invoice

Document Below

INVOICE

**Sirona Complete Care**

PO BOX 3468
Youngstown, OH 44513
Phone: 330.423.4410
888.9SIRONA
Fax: 330.787.0842
Account #: 013999

Invoice #: 14200
Invoice Date: 9/8/2025
Terms: Net 15

Bill To

attn: Accounts Payable
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137

Ship To

Jamie Noble
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137

P.O.#:	Ordered by:	Phone Number:	Ship Date:	Shipping Via:	Tracking #:
PO018290	Kevin Casey		9/8/2025	Ground	883606565427

Product #	Description	Quantity Ordered	Quantity Shipped	Qty B/O	Price	Extended Amount
CRC-55TW	Dose Calibrator w/ wipe test well	1	1		\$14460.00	\$14,460.00
	Shipping	1	1		\$125.00	\$125.00

Notes:

Subtotal	\$14,585.00
Shipping	\$299.51
Total	\$14,884.51

Thank you for choosing Sirona Complete Care, we appreciate your continued support and business. If you need to return an item, please contact Sirona Complete Care within 10 business days. All items must be in original packaging and a RMA# must be issued. Late charges will be added to the amount due if this invoice is not paid within payment terms.

Sirona Complete Care

a women owned company

www.sironacc.com

Info@Sironacc.com

Kymerlie Stutz <kstutz@sironacc.com>

[External] Invoice #14200

Kymerlie Stutz <kstutz@sironacc.com>

Mon, Sep 8, 2025 at 09:35 PM UTC

CC:

BCC:

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Kymerlie Stutz

kstutz@sironacc.com

O 888-9SIRONA

O 330-423-4410 x 1

C 330-559-9500

F 330-787-0842

www.Sironacc.com

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2 attachments

SalesInvoice14200.pdf

image001.png