

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087487 **Vendor Name:** Patterson Dental

Check Details:

Check Number: E0114199 **Check Amount:** \$ 1,525.54 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 3043248599 **Invoice Date:** 5/21/2026 **PO Number:** B0003335 **Voucher Number:** V0940130

Document Type: AP Invoice

Document Below

PATTERSON DENTAL

Cyndy Dental
COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

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

Customer #: 0200085769
Bill Cust #: 0200040696

Telephone: 630-616-8202
Fax: 630-616-8207
customerrequest@pattersoncompanies.com

Invoice 3043248599

Date: 2026-05-21
Reference Number: 9004328669
Customer P.O.: cindy service-05-20-2026
Ship From
Chicago (D)
1226 MICHAEL DRIVE SUITE 6
WOOD DALE IL 60191-1005
US

Cindy
5/26/26
BO
603335

Conf. Date	Conf. No.	Product No.	Description	Quantity	Unit	Unit Price	Amount	Tax
2026-05-20	9004328669	200000002	Service Labor	1.750	HR	\$272.29	476.51	
2026-05-20	9004328669	200000483	OFFICE CALL FEE	1.000	EA	\$84.49	84.49	
2026-05-20	9004328669	200000235	Travel Hours: Non-Billable	0.800	HR	\$0.00	0.00	
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.								
Information below could be truncated. Please refer to confirmations for additional details				Sub Total			\$ 561.00	
Confirmation # 9004328669. Created on: 2026-05-20. Exec. Employee: Mark Gorski				Local Tax		0.000 %	\$ 0.00	
05/20/26 Repaired water leak in room six. Could not duplicate issue in room five. Light operated properly. Inspected two X-rays for oil leaking. Both looked clean of oil. New tube head is P# 002-10952-00 for new tube head. S#s L1116936, T# 1600248, L1116933, T# 1600256. Refurbished is available p# 30-A1075-RF, if they decide to order.				State Tax		0.000 %	\$ 0.00	
				Total			\$ 561.00	

Payment Terms
Net due 60 days from inv date
Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

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

Attached Image

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

Tue, May 26, 2026 at 01:08 PM UTC

CC:

BCC:

1 attachment

0211_001.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087487 **Vendor Name:** Patterson Dental

Check Details:

Check Number: E0114199 **Check Amount:** \$ 1,525.54 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 3043286632 **Invoice Date:** 5/26/2026 **PO Number:** B0003335 **Voucher Number:** V0940113

Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

Customer #: 0200085769
Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

customerrequest@pattersoncompanies.com

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

Ship Date : 05-26-2026 10:53:14 AM
Invoice Date : 05-26-2026
Customer P.O. : BO 003335
Fulfillment Ctr: Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46828-7724
US

Order #	Pack Slip #	Invoice #
6209393546	8038218995	3043286632

INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
77328594	5.000	5.000	EA	WHIPM	10650	VIBRATOR GEN PURPOSE 115V DS	\$ 122.18	\$ 610.90
74452538	1.000	1.000	CS	NAV1	21606-00	KLEENEX TISSUE WHT 125'S 48/PK	\$ 152.70	\$ 152.70
71423748	6.000	6.000	BX	PATTER	PA110	XRAY COVER FILM 250/BX	\$ 33.49	\$ 200.94

Total 12 12

Terms of Payment
Net due 60 days from inv date

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

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. Safety Data Sheets can be found on the Patterson Website or by going to https://www.pattersondental.com/sds

Sub Total \$ 964.54
Local Tax 0% \$0.00
State Tax 0% \$0.00
Shipping and Handling \$ 11.57
Discount \$ 11.57-

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

Attached Image

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

Wed, May 27, 2026 at 06:39 PM UTC

CC:

BCC:

1 attachment

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