

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1515522
Vendor Name: Healthstream, Inc.
Invoice Number: 0205189
Invoice Date: 02/29/20
PO Number: P0368517
Check Number: 0268322
Check Amount: \$ 1,190.00
Check Date: 06/10/2020
Department ID: 00257
Reviewer Name: Jessica Lang
Voucher Number: V0606833
Redaction Type: None
Document Type: AP Invoice

Document Below

From: AccountsReceivable@HealthStream.com
Sent: Mon Mar 02 18:04:01 CST 2020
To: invoicing@cod.edu
CC:
Subject: HealthStream Invoice #0205189 (WFD : HSTM)

Hello,

Please open the attached file to view your Invoice. Please reach out to the email address as listed on the invoice if you have any questions. If you are not the person responsible for payment, please forward this to your accounts payable department.

Thanks!

Finance & Accounting
HealthStream, Inc.
500 11th Ave. North, Suite 1000
Nashville, TN 37203

Remit To
HealthStream, Inc.
PO Box 102817
Atlanta, GA 30368-2817

Date 2/29/2020

Invoice # 0205189

Bill To
College of DuPage
Attn: Accounts Payable
425 Fawell Blvd
Glen Ellyn IL 60137
United States

Terms Net 30

Due Date 3/30/2020

PO # 368517

Order Number ORD-0704878

Memo POC Jessica Lang

APPROVED

05/16/20 - DILYSS GALLYOT

Billing Frequency	Item	Qty	Amount
UpFront	7th Edition NRP Provider Out of Network	34	\$1,190.00
Total			\$1,190.00
Amount Due			\$1,190.00

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 03/04/20**

APPROVED 03/05/20

PLEASE NOTE:

- Always reference invoice numbers on payment remittances.
- A **finance charge** of 1.5% per month may be assessed if this invoice is not paid in full by the due date shown above.
- For questions concerning this invoice, email AccountsReceivable@HealthStream.com.