

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1082081  
Vendor Name: Advocate Good Samaritan  
Invoice Number: 190  
Invoice Date: 06/10/20  
PO Number:  
Check Number: 0268999  
Check Amount: \$ 105.00  
Check Date: 06/23/2020  
Department ID: 00253  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0630302  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: prolac@cod.edu  
Sent: Tue Jun 16 22:56:20 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice to route  
-----

Would you be able to route to Dilyss Gallyot for approval in WebNow under GL # 01-10-00253? Thank you!

Thank you,

*Colleen Profa-Gonzalez*

**Program Support Specialist, Nursing and Health Sciences Division**

**College of DuPage** | 425 Fawell Blvd | Glen Ellyn, IL 60137

prolac@cod.edu | 630-942-2994 (ph) | 630-942-4222 (fax)

-----Original Message-----

From: acctpay@cod.edu <acctpay@cod.edu>

Sent: Tuesday, June 16, 2020 10:53 PM

To: Gonzalez, Colleen <prolac@cod.edu>

Subject: Voucher Confirmation: V0630302

Voucher Number 10630302

Voucher Status In Progress (Unfinished)

**APPROVED**  
**06/17/20 - DILYSS GALLYOT**

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 06/16/20

Due Date 06/18/20

Vendor ID and/or Name 1082081 Advocate Good Samaritan

AP Type IM Invoices < \$15,000

Voucher Total \$105.00

**ITEM 1**

Item Description DMIR Spring 20 2nd year clinicals

Quantity 2.000

Price \$7.5000

Extended Price \$15.00

GL Distribution 01-10-00253-5308001

**ITEM 2**

Item Description DMIR Spring 20 1st year clinicals

Quantity 3.000

Price \$30.0000

Extended Price \$90.00

GL Distribution 01-10-00253-5308001

**COMMENTS**

**APPROVAL**

**DATE**

**NEXT APPROVALS**

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**COLLEEN GONZALEZ 06/17**

Inspiring medicine. Changing lives.

INVOICE # 190  
DATE: JUNE 10, 2020

Advocate Good Samaritan Hospital  
Diagnostic Imaging Services  
3815 Highland Avenue  
Downers Grove, IL 60515

Lee Baker, Coordinator Special Projects  
Phone: 630-275-1294  
Fax: 630-963-9410  
E-Mail: Lee.Baker@advocatehealth.com

TO Colleen Prola  
College of DuPage  
Administrative Assistant, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137  
Phone: 630-942-2994  
Fax: 630-858-5409  
E-mail: prolac@cod.edu

MODALITY	DUE DATE
DMIR	Due on Receipt

SEMESTER	STUDENT	FEE	PIN COST	LINE TOTAL
Spring 2020	Student [REDACTED] credit hours X \$15/hr	45	37.5	\$7.50
Spring 2020	Student [REDACTED] 3 credit hours X \$15/hr	45	37.5	\$7.50
Spring 2020	Student [REDACTED] credit hours X \$15/hr	30		\$30
Spring 2020	Student [REDACTED] credit hours X \$15/hr	30		\$30
Spring 2020	Student [REDACTED] 2 credit hours X \$15/hr	30		\$30
		<b>SUB TOTAL</b>		\$105
		<b>SALES TAX</b>		NA
		<b>TOTAL</b>		\$105

# INVOICE REVIEWED

Make all checks payable to: Advocate Good Samaritan Hospital

## OKAY TO PAY

THANK YOU FOR YOUR BUSINESS!

# COLLEEN GONZALEZ 06/17/20