

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1036518  
Vendor Name: Central Dupage Hospital Associ  
Invoice Number: 070120  
Invoice Date: 07/01/20  
PO Number:  
Check Number: 0270837  
Check Amount: \$ 105.00  
Check Date: 07/14/2020  
Department ID: 00253  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0632713  
Redaction Type: Other  
Document Type: AP Invoice

Document Below

-----  
From: prolac@cod.edu  
Sent: Fri Jul 03 22:42:49 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice to approve  
-----

Please route the attached voucher and invoice to Dilyss Gallyot for approval in WebNow. GL# is 00253.

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)

**From:** [acctpay@cod.edu](mailto:acctpay@cod.edu)  
**To:** [Gonzalez, Colleen](#)  
**Subject:** Voucher Confirmation: V0632713  
**Date:** Friday, July 3, 2020 10:36:22 PM

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Voucher Number V0632713  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 07/03/20  
Due Date 07/06/20  
Vendor ID and/or Name 1036518 Central Dupage Hospital Association  
AP Type IM Invoices < \$15,000  
Voucher Total \$105.00

ITEM 1

Item Description DMIR Summer 2020 Clinicals - Seniors  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00253-5308001

ITEM 2

Item Description DMIR Summer 2020 Clinicals - Juniors  
Quantity 4.000  
Price \$15.0000  
Extended Price \$60.00  
GL Distribution 01-10-00253-5308001

COMMENTS

WARNING: All line items on this document have  
been populated with default tax form  
information from the chosen vendor.

APPROVAL

DATE

NEXT APPROVALS

**INVOICE REVIEWED**  
**OKAY TO PAY**

**COLLEEN GONZALEZ 07/06/20**

Colleen Prolac-Gonzalez  
Administrative Assistant, Health and Sciences Division  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
E-mail: [prolac@cdp.edu](mailto:prolac@cdp.edu)

**APPROVED**  
**07/13/20 - DILYSS GALLYOT**

College of DuPage Clinical Period: June 15, 2020 – July 23, 2020  
Invoice date: July 1, 2020

MODALITY	PAYMENT TERMS	DUE DATE
DMIR Radiography	Due on receipt	July 2020

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
Summer 2020			\$ 15.00		\$ 15.00
TOTAL					\$ 105.00

**IN REVIEWED**

**OKAY TO PAY**

Submitted by: *Afana Crowder B.S.R.T.*

**COLLEEN GONZALEZ 07/06/20**

*Please remit payment to:*

Pam Burns RT, MHA  
Northwestern Medicine Central DuPage Hospital  
Diagnostic Imaging  
25 N Winfield Road  
Winfield, Illinois 60190

ATTN: Manager, Radiology and Imaging Services  
Pam Burns RT, MHA