

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086322
Vendor Name: IEMA
Invoice Number: 9113259- 1/4/21
Invoice Date: 02/17/21
PO Number: p0372419
Check Number: 0277314
Check Amount: \$ 1,200.00
Check Date: 03/09/2021
Department ID: 00429
Reviewer Name: Colleen Gonzalez
Voucher Number: V0662131
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Wed Feb 17 09:33:39 CST 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good morning,

Please route the attached invoice to Dilyss Gallyot for approval; GL# 01-20-00429.

Thank you!

Colleen Prola-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)

[attachment: IEMA \$1,200 fee for inventory sent AP 2.17.21.pdf]



Alicia Tate-Nadeau
Director

Bill Date : 01/04/2021

Payment Due : 03/06/2021

2021 FEE FOR INVENTORY OF RADIATION PRODUCING EQUIPMENT

Shelli Thacker, X-ray Program Coordinator
College of DuPage

125 Fawcett Blvd
Glen Ellyn, IL 60137 - 6758

Bill/Reg. No.

9113259

Phone :

630/942-2434

APPROVED
02/17/21 - DILYSS GALLYOT

Info / Instructions / Contacts / Credit Card Payment Options: www.regfee.iema.illinois.gov

Our records show that you possess the following **operable** radiation producing machines/tubes :

<u>Ref#</u>	<u>Manufacturer</u>	<u>Room/Location</u>	<u>Comments</u>
0001	Gendex	Rm 4	
0003	Gendex	Rm 2	
0004	Gendex	Rm 1	
0005	Gendex	Rm 3	
0006	Planmeca	Rm 6	
0007	Planmeca	Rm 7	
0008	Sirona	Rm 3	
0009	Progeny	Rm 5	
1011	Philips	HSC1105E - Rm 1	
1012	Amrad	HSC 1105B	
1013	Amrad	HSC 1105C	
1500	Siemens	HSC1105A - Rm 5	
1503	General Electric	HSC1105A - Rm 5	
2000	General Electric	HSC 1105D - Rm 2	
5000	GE/OEC Medical	HSC1105D	
9000	General Electric	HSC 1326	

PO# 372419

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 02/17/21

If we need to contact someone: Name: Shelli Thacker Tel#: 815-260-6922

PAYMENT INFORMATION

If the above inventory listing is correct with 16 operable units, **your amount due = \$1,200.00**

If the above inventory listing needed adjusting, please calculate your fee as:

Number of operable units (as of January 1, 2021) _____ **x \$75.00 each = \$** _____

To pay electronically, visit www.regfee.iema.illinois.gov. To pay by check, include your facility registration number, 9113259, on your check payable to IEMA and return it with this form in the envelope provided, or to IEMA at 1035 Outer Park Drive, Springfield, IL 62704. Thank you for your cooperation in this matter.

The Agency is requesting disclosure of the above information pursuant to Section 40/24.7 of the Radiation Protection Act of 1990, 420 ILCS 40/24.7. Failure to provide this information and pay the required fee may result in the assessment of civil penalties and the issuance of a cease use order. Foreign checks are not accepted.