

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1195554
Vendor Name: Edward-Elmhurst Healthcare
Invoice Number: 178
Invoice Date: 03/12/21
PO Number:
Check Number: E0083742
Check Amount: \$ 420.00
Check Date: 03/17/2021
Department ID: 00253
Reviewer Name: Colleen Gonzalez
Voucher Number: V0665100
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Fri Mar 12 15:53:01 CST 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good afternoon,

Please route the attached invoice for approval to Dilyss Gallyot, GL# 01-10-00253.

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: Edward Elmhurst \$420 Inv 178 Spring 2021 sent AP 3.12.21.pdf]

From: acctpay@cod.edu
To: [Gonzalez, Colleen](#)
Subject: Voucher Confirmation: V0665100
Date: Friday, March 12, 2021 3:50:57 PM

Voucher Number V0665100
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 03/12/21
Due Date 03/15/21
Vendor ID and/or Name 1195554 Edward-Elmhurst Healthcare
AP Type IM Invoices < \$15,000
Voucher Total \$420.00

APPROVED
03/15/21 - DILYSS GALLYOT

ITEM 1
Item Description DMIR - Spring 2021 clincials 2nd yr stu
Quantity 6.000
Price \$45.0000
Extended Price \$270.00
GL Distribution 01-10-00253-5308001

ITEM 2
Item Description DMIR - Spring 2021 clincials 1st yr stu
Quantity 5.000
Price \$30.0000
Extended Price \$150.00
GL Distribution 01-10-00253-5308001

COMMENTS

APPROVAL DATE

NEXT APPROVALS

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 03/14/21

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 178
Date: March 8, 2021

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

MODALITY	PAYMENT TERMS	DUE DATE
DMIR-Edward	Due on receipt	April 15, 2021

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$45
Spring 2021		15	\$30
Spring 2021		15	\$30
Spring 2021		15	\$30
Spring 2021		15	\$30
Spring 2021		15	\$30
	Subtotal		\$420
	Sales Tax	NA	
	Total		\$420

INVOICE REVIEWED
OKAY TO PAY

Make all checks payable to: Edward Elmhurst Health
THANK YOU FOR YOUR BUSINESS
COLLEEN GONZALEZ 03/14/21