

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082081
Vendor Name: Advocate Good Samaritan
Invoice Number: 197
Invoice Date: 05/17/21
PO Number:
Check Number: 0281527
Check Amount: \$ 112.50
Check Date: 06/08/2021
Department ID: 00253
Reviewer Name: Jessica Lang
Voucher Number: V0679721
Redaction Type: None
Document Type: AP Invoice

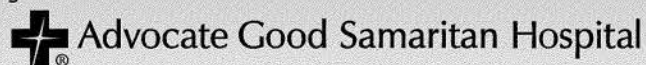
Document Below

From: Lang, Jessica <langj@cod.edu>
Sent: Mon May 17 11:33:38 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Advocate Good Samaritan INV#197 \$112.50

Jessica Lang
Program Support Specialist, Nursing & Health Sciences
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax
langj@cod.edu

[attachment: Advocate Good Sam INV#197 \$112.50 - sent to AP 5.17.21.pdf]

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Inspiring medicine. Changing lives.

INVOICE

INVOICE # 197
DATE: MAY 17, 2021

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 Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
E-mail: prolac@cod.edu
Cc: dumfords@cod.edu

APPROVED**05/24/21 - LISA STOCK**

MODIFY	DUE DATE
DMIR	Due on Receipt

SEMESTER	STUDENT	FEE	PIN COST	LINE TOTAL
Spring 2021		45	37.5	\$7.50
Spring 2021		45	37.5	\$7.50
Spring 2021		45	37.5	\$7.50
Spring 2021		30		\$30
Spring 2021		30		\$30
Spring 2021		30		\$30
INVOICE REVIEWED				
OKAY TO PAY				
JESSICA LANG 05/17/21				
		SUB TOTAL		\$112.50
		SALES TAX		NA
		TOTAL		\$112.50

Make all checks payable to: Advocate Good Samaritan Hospital

THANK YOU FOR YOUR BUSINESS!

From: acctpay@cod.edu
To: [Lang, Jessica](#)
Subject: Voucher Confirmation: V0679721
Date: Monday, May 17, 2021 11:32:15 AM

Voucher Number V0679721
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

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VIEWED
PAY
G 05/17/21

