

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1082081  
Vendor Name: Advocate Good Samaritan  
Invoice Number: 213  
Invoice Date: 3/15/2022  
PO Number:  
Check Number: 0297996  
Check Amount: \$ 105.00  
Check Date: 04/12/2022  
Voucher Number: V0734403  
Document Type: AP Invoice

Document Below

S


**Advocate Good Samaritan Hospital**

Inspiring medicine. Changing lives.

# INVOICE

 INVOICE # 213  
 DATE: MARCH 15, 2022

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

Patti Holvey RTR, BS  
 Phone: 630-275-3747  
 Fax: 630-275-3644  
 E-Mail: [Patrice.Holvey@aah.org](mailto:Patrice.Holvey@aah.org)

**TO** Colleen Gonzalez  
 College of DuPage  
 425 Fawell Boulevard  
 Glen Ellyn, IL 60137  
 Phone: 630-942-2994  
 E-mail: [prolac@cod.edu](mailto:prolac@cod.edu)  
 Cc: [dumfords@cod.edu](mailto:dumfords@cod.edu)

Vendor # 1082081  
 GL# 01-10-00253-5308001

MODALITY	DUE DATE
DMIR	Due on Receipt

SEMESTER	STUDENT	FEE	PIN COST	LINE TOTAL
Spring 2022		45	37.5	\$7.50
Spring 2022		45	37.5	\$7.50
Spring 2022		30		\$30
Spring 2022		30		\$30
Spring 2022		30		\$30
SUB TOTAL				\$105.00
SALES TAX				NA
TOTAL				\$105.00

Make all checks payable to: Advocate Good Samaritan Hospital

**THANK YOU FOR YOUR BUSINESS!**

**"Gonzalez, Colleen"** <prolac@cod.edu>

---

**route for approval**

---

**"Gonzalez, Colleen"** <prolac@cod.edu>

Tue, Mar 22, 2022 at 03:45 PM GMT

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

**Program Support Specialist, Health Sciences**

College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

[prolac@cod.edu](mailto:prolac@cod.edu) 630-942-2994 (ph) 630-942-4222 (fax)

---

**1 attachment**

Advocate Good Sam \$105 SENT AP 3.22.22.pdf