

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00153045-00

Invoice Date: 5/31/2022

PO Number:

Check Number: 0300200

Check Amount: \$ 77.00

Check Date: 06/29/2022

Voucher Number: V0741564

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

Invoice

Page: 1

Invoice No.	Date
00153045 -00	05/31/2022

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Amount Due: \$77.00
Federal ID: 36-2167784
Account: COD

Terms: Net due in 30 days

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
05/17/2022		1.00	\$90.00	\$13.00			\$77.00
							\$77.00

Clinic Code: ELOH

****INVOICE NUMBER MUST ACCOMPANY PAYMENT TO
ENSURE PROPER PAYMENT PROCESSING****

Account COD

College Of Dupage Health & Sciences

Remit To:

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

If Paying by Credit Card, fill out below

AMEX ☐ VISA ☐ MC ☐ Discover ☐

Card Number:

Exp. Date:

Signature:

Sec Code:

Amount:

TOTAL DUE: \$77.00

Invoice 00153045 -00 Date 5/31/2022

Thank You

"Zerrudo, Maria" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Maria" <zerrudom@cod.edu>

Mon, Jun 6, 2022 at 08:58 PM GMT

CC:

BCC:

1 attachment

4918_001.pdf