

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188852  
Vendor Name: Athletico Management Llc  
Invoice Number: 823015  
Invoice Date: 5/31/2022  
PO Number: B0000214  
Check Number: E0090144  
Check Amount: \$ 6,080.00  
Check Date: 06/21/2022  
Voucher Number: V0741535  
Document Type: AP Invoice

Document Below

Athletico Management LLC  
PO Box 74007019  
Chicago, IL 60674-7019

**ATHLETICO**  
**PHYSICAL THERAPY**  
FEIN 81-4805391  
(630) 575-6230

**Invoice**

DATE	Invoice #
5/31/2022	823015

Company
AMH

Beverly Smith  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Description
AT Services: Seghesio/Brown

Terms
Due Upon Receipt

**BO 214**

Description	Quantity:	Rate:	Amount
ATC 5/1/22-5/28/22	296.00	19.00	5,624.00
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			<b>5,624.00</b>

"Smith, Bev" <smithb244@cod.edu>

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Attached Image

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"Smith, Bev" <smithb244@cod.edu>

Mon, Jun 13, 2022 at 05:12 PM GMT

CC:

BCC:

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**1 attachment**

2635\_001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188852

Vendor Name: Athletico Management Llc

Invoice Number: 823067

Invoice Date: 6/15/2022

PO Number: B0000214

Check Number: E0090144

Check Amount: \$ 6,080.00

Check Date: 06/21/2022

Voucher Number: V0742108

Document Type: AP Invoice

Document Below

Athletico Management LLC  
PO Box 74007019  
Chicago, IL 60674-7019

# ATHLETICO

PHYSICAL THERAPY

FEIN 81-4805391  
(630) 575-6230

## Invoice

DATE	Invoice #
6/15/2022	823067

Company

AMH

Beverly Smith  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Description
AT Services <b>BO 214</b>

Terms

Due Upon Receipt

Description	Quantity:	Rate:	Amount
ATC: 5/29/22-6/4/22	24.00	19.00	456.00
Total			456.00

**"Smith, Bev"** <smithb244@cod.edu>

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**Attached Image**

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**"Smith, Bev"** <smithb244@cod.edu>

Wed, Jun 15, 2022 at 03:29 PM GMT

CC:

BCC:

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**1 attachment**

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