

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00160484-00

Invoice Date: 11/30/2022

PO Number: B0000820

Check Number: 0307152

Check Amount: \$ 812.00

Check Date: 01/18/2023

Voucher Number: V0766474

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
00160484 -00	11/30/2022

**Bill To:**

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

**Amount Due:** \$100.00  
**Federal ID:** 36-2167784  
**Account:** COD

**Terms: Net due in 30 days**

Amt Paid	Adjusted	Amount
<b>Clinic Code: ELAH</b>		
		\$20.00
		\$80.00
		<b>\$100.00</b>

**\*\*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 <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

**TOTAL DUE: \$100.00**

Invoice 00160484 -00 Date 11/30/2022

**Thank You**

"Barrios, Isabel" <barriosi142@cod.edu>

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**Attached Image**

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"Barrios, Isabel" <barriosi142@cod.edu>

Mon, Dec 12, 2022 at 07:28 PM UTC

CC:

BCC:

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**1 attachment**

2274\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1199016  
Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst  
Invoice Number: 00159449-00  
Invoice Date: 10/31/2022  
PO Number: B0000820  
Check Number: 0307152  
Check Amount: \$ 812.00  
Check Date: 01/18/2023  
Voucher Number: V0767090  
Document Type: AP Invoice

Document Below

# Invoice

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

Invoice No.	Date
00159449 - 00	10/31/2022

**Bill To:**

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

Amount Due: \$391.00  
 Federal ID: 36-2167784  
 Account: COD

**Terms: Net due in 30 days**

Quantity	Unit Price	Discount	Amnt Paid	Adjusted	Amount
Clinic Code: ELOH					\$70.00
					\$70.00
Clinic Code: ELAH					\$63.00
					\$20.00
					\$20.00
					\$20.00
					\$20.00
					\$18.00
					\$161.00
Clinic Code: ELOH					\$80.00
					\$80.00
Clinic Code: ELOH					\$80.00

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

# Invoice

Invoice No.	Date
00159449 - 00	10/31/2022

**Bill To:**

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

Amount Due: \$391.00

Federal ID: 36-2167784

Account: COD

**Terms: Net due in 30 days**

Discount	Amt Paid	Adjusted	Amount
			\$80.00

**\*\*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:

Sec Code:

Signature:

Amount:

**TOTAL DUE: \$391.00**

Invoice 00159449 - 00 Date 10/31/2022

**Thank You**

"Barrios, Isabel" <barriosi142@cod.edu>

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**Attached Image**

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"Barrios, Isabel" <barriosi142@cod.edu>

Mon, Dec 12, 2022 at 07:28 PM UTC

CC:

BCC:

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**1 attachment**

2275\_001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00161820-00

Invoice Date: 10/31/2022

PO Number: B0000820

Check Number: 0307152

Check Amount: \$ 812.00

Check Date: 01/18/2023

Voucher Number: V0767945

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
00161820 -00	10/31/2022

**Bill To:**

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

**Amount Due: \$321.00**

**Federal ID: 36-2167784**

**Account: COD**  
**BO# 0000820**

**Terms: Net due in 30 days**

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
							<b>Clinic Code: ELAH</b>
							\$63.00
							\$20.00
							\$20.00
							\$20.00
							\$20.00
							\$18.00
							\$161.00
							<b>Clinic Code: ELOH</b>
							\$80.00
							\$80.00
							<b>Clinic Code: ELOH</b>
							\$80.00
							\$80.00

**\*\*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 <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

**TOTAL DUE: \$321.00**

**Invoice 00161820 -00 Date 10/31/2022**

**Thank You**

"Lang, Jessica" <langj@cod.edu>

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Elmhurst INV#00161820-00 \$321.00

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"Lang, Jessica" <langj@cod.edu>

Wed, Jan 11, 2023 at 06:45 PM UTC

CC:

BCC:

BO# 0000820

Jessica Lang

Program Support Specialist, 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](mailto:langj@cod.edu)

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**1 attachment**

Elmhurst INV#00161820-00 \$321.00 - sent to AP 1.11.23.pdf