

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1424736
Vendor Name: Commission on Accreditation for Health
Invoice Number: ANL4023
Invoice Date: 11/2/2022
PO Number: P0005458
Check Number: E0093243
Check Amount: \$ 3,000.00
Check Date: 01/18/2023
Voucher Number: V0768103
Document Type: AP Invoice

Document Below



Invoice

Commission on Accreditation for Health Informatics and Information Management Education
200 East Randolph St. Suite 5100
Chicago, IL 60601

Invoice Number	ANL4023
Date	11/2/2022
Terms	Net 30

Bill To
Andrea Brus, MEd, RHIA, CCS College of DuPage 425 Fawell Blvd. Glen Ellyn, IL 60137

PLEASE REMIT PAYMENT TO:

CAHIIM
734141 Network Place
Chicago, IL. 60673-1734

Phone: 312-235-3255

PO#P0005458

Program
Associate - 506

Description	Amount
2023 Annual Accreditation Maintenance Fee For the period from January 1, 2023 to December 31, 2023	3,000.00
Total	\$3,000.00

A \$500 late fee will be assessed for payments received 60 days after the invoice date.

Please contact accounting@cahiim.org to pay by credit card, to send purchase orders, for ACH information or any other inquires.

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

CAHIIM INV#ANL4023 \$3,000

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

Wed, Jan 11, 2023 at 08:14 PM UTC

CC:

BCC:

PO#P0005458

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

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1 attachment

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