

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084244
Vendor Name: Dupage Medical Group
Invoice Number: 2023-1
Invoice Date: 3/15/2023
PO Number:
Check Number: 0311016
Check Amount: \$ 30.00
Check Date: 04/11/2023
Voucher Number: V0779224
Document Type: AP Invoice

Document Below

VENDOR# 1084244

GL# 01-10-00253-5308001

INVOICE

Dupage Medical Group
Attn: Finance Suite 300
1100 31st St.
Downers Grove, IL, 60515

INVOICE # 2023-
1
Date:

TO Colleen Prola Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2349
E-mail: prolac@cod.edu

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Radiography	Due on receipt	March 17, 2023

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2023		30	\$30
	Subtotal		\$30.00
		SALES TAX	NA
		TOTAL	\$30.00

Make all checks payable to:

THANK YOU FOR YOUR BUSINESS!

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

DuPage Medical group

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

Wed, Mar 15, 2023 at 01:35 PM UTC

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

Program Support and Admissions Specialist, Health Sciences

College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

prolac@cod.edu 630-942-2994 (ph) 630-942-4222 (fax)

1 attachment

DuPage Medical Group \$30 INV# 2023-1 SENT AP 3.15.23.pdf