

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4300112
Invoice Date: 1/4/2023
PO Number: B0000959
Check Number: 0311142
Check Amount: \$ 8,779.00
Check Date: 04/11/2023
Voucher Number: V0780347
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
Billing Department
PO BOX 8799
CAROL STREAM, IL 60197-8799
Phone: 855-631-4563
Tax ID: 470902244

COLLEGE OF DUPAGE TRUCK SCHOOL
301 S. SWIFT RD #6
ADDISON, IL 60101, USA

Please return with remittance

INVOICE- 4300112

Statement Date	1/4/2023
Statement Number	4300112
Account Number	15236
Page Number	1

PO # 374505 BO 0000959

Indicate Amount Paid \$	
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Charge	Paid/Adj	Balance
58.00	0.00	58.00
88.00	0.00	88.00
58.00	0.00	58.00
88.00	0.00	88.00
61.00	0.00	61.00
37.00	0.00	37.00
61.00	0.00	61.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00

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INVOICE- 4300112

Statement Date	1/4/2023
Statement Number	4300112
Account Number	15236
Page Number	2

COLLEGE OF DUPAGE TRUCK SCHOOL
301 S. SWIFT RD #6
ADDISON, IL 60101, USA

PO#374505 XPO#374505 BO 0000959

Indicate Amount Paid \$	
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Charge	Paid/Adj	Balance
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00

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INVOICE- 4300112

Statement Date	1/4/2023
Statement Number	4300112
Account Number	15236
Page Number	3

PO# 874505 XXX BO 0000959

Indicate Amount Paid \$	
----------------------------	--

Charge	Paid/Adj	Balance
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00

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INVOICE- 4300112

Statement Date	1/4/2023
Statement Number	4300112
Account Number	15236
Page Number	4

XXXXXXXXXX BO 0000959
PO#374505

Indicate Amount Paid \$	
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Charge	Paid/Adj	Balance
61.00	0.00	61.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00

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Statement Date	1/4/2023
Statement Number	4300112
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Page Number	5

PO#374505 XXX BO 0000959

Indicate Amount Paid \$	
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Charge	Paid/Adj	Balance
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
61.00	0.00	61.00
37.00	0.00	37.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00

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PO#374505 XXX BO 0000959

Indicate Amount Paid \$	
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Charge	Paid/Adj	Balance
61.00	0.00	61.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00
61.00	0.00	61.00
92.00	0.00	92.00

PLEASE PAY THIS AMOUNT ==> 8,779.00
amt#.

"Parsons, Andrea" <parsonsa132@cod.edu>

Fw: BO 0000959

"Parsons, Andrea" <parsonsa132@cod.edu>

Thu, Jan 19, 2023 at 10:47 PM UTC

CC:

BCC:

I have attached invoice#4300112 for Physicians Immediate Care BO# 0000959 totaling 8,779.00. Please pay and/or let me know if you need anything else.

From: Parsons, Andrea
Sent: Thursday, January 19, 2023 4:45 PM
To: Parsons, Andrea
Subject: Fw: BO 0000959

From: Parsons, Andrea
Sent: Friday, January 13, 2023 11:40 AM
To: Invoicing
Cc: McLaughlin, Ashley
Subject: BO 0000959

Hi Invoicing- I have attached invoice#4300112 for Physicians Immediate Care BO# 0000959 totaling 8,779.00. Please pay and/or let me know if you need anything else.

Thank you

Andrea Parsons
CE Operations Assistant
College of DuPage Continuing Education

(630) 942-2200 | parsonsa132@cod.edu
Visit us on campus in Glen Ellyn – SRC 1110 | Follow us on Twitter | Like us on Facebook

1 attachment

Invoice for Physicans.pdf