

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084150  
Vendor Name: DuPage County Health Dept.  
Invoice Number: IN0060655  
Invoice Date: 4/3/2023  
PO Number: P0006676  
Check Number: E0094769  
Check Amount: \$ 589.00  
Check Date: 04/19/2023  
Voucher Number: V0782994  
Document Type: AP Invoice

Document Below

## INVOICE - FIRST NOTICE

Total Amount of:

**\$589.00**

Due By:

**5/14/2023**

TO: COLLEGE OF DUPAGE  
 425 FAWELL BLVD  
 GLEN ELLYN, IL 60137

**PO 6676**

RE: COLLEGE OF DUPAGE

Invoice ID

IN0060655

Date

4/3/2023

Account ID

AR0006280

Facility ID

FA0006163

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
4/3/2023	8006	Annual Swimming Pool Permit - Year Round	\$589.00
		425 FAWELL BLVD GLEN ELLYN IL 60137	
		MULTI-USE POOL	
		Total Due for This Invoice:	\$589.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**



Please note, if you are paying with a check, include the Invoice ID on the check itself.

You can now pay online! Visit our website at <https://eco.dupagehealth.org/#/onlinePayments> or scan the QR Code

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

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**Attached Image**

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

Wed, Apr 12, 2023 at 04:02 PM UTC

CC:

BCC:

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**1 attachment**

4520\_001.pdf