

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1515522  
Vendor Name: HEALTHSTREAM, INC.  
Invoice Number: 0320749  
Invoice Date: 3/31/2023  
PO Number: B0001046  
Check Number: 0311802  
Check Amount: \$ 440.00  
Check Date: 05/09/2023  
Voucher Number: V0782997  
Document Type: AP Invoice

Document Below

**Remit To**  
HealthStream, Inc.  
PO Box 102817  
Atlanta, GA 30368-2817

**Date** 3/31/2023

**Invoice #** 0320749

**Bill To**  
College of DuPage  
Attn: Accounts Payable  
425 Fawell Blvd  
Glen Ellyn IL 60137  
United States

**Terms** Net 30  
**Due Date** 4/30/2023  
**PO #** BO#B0001046  
**Order Number** ORD-0760520  
**Memo**

Billing Frequency	Item	Qty	Start Date	End Date	Amount
Quarterly	Alicea, Maria Enith	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Arthur, Richie Carl	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Batko, Konrad Szczepan	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Brandel, Evan	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Bush, Margaret Mae	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Cappozzo, Haley Ann	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Coppe, Rachael	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Cusimano, Elexandria Rose	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Diaz-Armenta, Sara	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Dimovski, Antony	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Drost, Lisa Marie	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Gniatczyk, Anna	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Kendell, Kellee	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Kieu, Vy N Nguyet Tuong	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Mchabcheb, Badr-Eddine	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Nikochevikj, Aida	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Perez, Jocelin	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Pettrone, Michael A	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Rodriguez, Michelle Josephine	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Stiller, Eric C	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Velasquez, Dannielle	1	12/1/2022	2/28/2023	\$20.00
Quarterly	Villegas, Jose	1	12/1/2022	2/28/2023	\$20.00

**PLEASE NOTE:**

- Always reference invoice numbers on payment remittances.
- A **finance charge** of 1.5% per month may be assessed if this invoice is not paid in full by the due date shown above.
- For questions concerning this invoice, email [AccountsReceivable@HealthStream.com](mailto:AccountsReceivable@HealthStream.com).

HealthStream®

Invoice

Total	\$440.00
Amount Due	\$440.00

**PLEASE NOTE:**

- Always reference invoice numbers on payment remittances.
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"Lang, Jessica" <langj@cod.edu>

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**Healthstream INV#0320749 \$440.00**

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

Mon, Apr 3, 2023 at 03:01 PM UTC

CC:

BCC:

BO#B0001046

Jessica Lang

Program Support and Admissions 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**

Healthstream INV#0320749 \$440.00 - sent to AP 4.3.23.pdf