

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188852

Vendor Name: Athletico Management Llc

Invoice Number: 824265

Invoice Date: 4/29/2023

PO Number: B0000832

Check Number: E0095238

Check Amount: \$ 7,062.50

Check Date: 05/18/2023

Voucher Number: V0785852

Document Type: AP Invoice

Document Below

Athletico Management LLC  
PO Box 74007019  
Chicago, IL 60674-7019

# ATHLETICO

## PHYSICAL THERAPY

FEIN 81-4805391  
(630) 575-6230

## Invoice

DATE	Invoice #
4/29/2023	824265

Company

AMH

Beverly Smith  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Description
AT Services: Seghesio/Schneide

Terms

Due Upon Receipt

BO 832

Description	Quantity:	Rate:	Amount
ATC: 4/2/23-4/29/23	282.50	25.00	7,062.50
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			<b>Total</b> 7,062.50

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

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**Attached Image**

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

Thu, May 11, 2023 at 05:03 PM UTC

CC:

BCC:

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**1 attachment**

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