

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088729
Vendor Name: Presence Central & Suburban Hospitals N
Invoice Number: 2023-1
Invoice Date: 3/6/2023
PO Number:
Check Number: 0312978
Check Amount: \$ 45.00
Check Date: 06/20/2023
Voucher Number: V0788857
Document Type: AP Invoice

Document Below

INVOICE

VENDOR# 1088729
GL# 01-10-00253-5308001

Ascension Mercy
1325 N. Highland Ave
Aurora, Illinois 60506

INVOICE # 2023-1
Date: 3/6/2023

To Colleen Prola Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2349
E-mail: polac@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	2 nd Yr Student (name), 3 credit hours X \$15/hr	45	\$45
	Subtotal		\$45.00
SALES TAX			NA
TOTAL			\$45.00

Make all checks payable to: Ascension Mercy Imaging Department

THANK YOU FOR YOUR BUSINESS!

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

presence invoice

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

Thu, Mar 16, 2023 at 08:04 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

Presence Central & Suburban \$45.00 SENT AP 3.16.23.pdf