

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188852

Vendor Name: Athletico Management Llc

Invoice Number: 824375

Invoice Date: 5/31/2023

PO Number: B0000832

Check Number: E0095802

Check Amount: \$ 3,412.50

Check Date: 06/20/2023

Voucher Number: V0789142

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 #
5/31/2023	824375

Company
AMH

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

Description
AT coverage: 4.30.23-5.27.23

B0 832

Terms
Due Upon Receipt

Description	Quantity:	Rate:	Amount
AT: Srvs Schneider/Multi AT's	136.50	25.00	3,412.50
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			Total 3,412.50

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

Attached Image

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

Mon, Jun 12, 2023 at 06:27 PM UTC

CC:

BCC:

1 attachment

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