

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1672527  
Vendor Name: Community Behavioral Healthcare Associa  
Invoice Number: 09072023  
Invoice Date: 9/7/2023  
PO Number: P0008553  
Check Number: 0318057  
Check Amount: \$ 3,200.00  
Check Date: 10/11/2023  
Voucher Number: V0801108  
Document Type: AP Invoice

Document Below



**Community Behavioral Healthcare Association of Illinois**  
**3085 Stevenson Drive, Suite 203**  
**Springfield, IL 62703**  
**P - 217-585-1600**  
**F – 217-585-1601**

P0008553

TO: College of DuPage  
ATTN: Human Services – BIC 2536  
425 Fawell Blvd.  
Glen Ellen, IL 60137

DATE: 9/7/2023

FROM: Community Behavioral Healthcare Association of Illinois  
3085 Stevenson Drive, Suite 203  
Springfield, IL 62703

**INVOICE**

Community Behavioral Healthcare Association of Illinois Annual Winter Conference  
December 4-5, 2023  
Hyatt Regency, Schaumburg

Breakout Session.....	\$2,000.00
Email Blast.....	\$1,200.00

<b>TOTAL</b>	<b>\$3,200.00</b>
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**Due Upon Receipt**

Please make check payable to:  
Community Behavioral Healthcare Association  
3085 Stevenson Drive, Suite 203  
Springfield, IL 62703

"Wagner, Sheila" <wagners1711@cod.edu>

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**Community Behavioral Healthcare Association of Illinois P0008553**

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"Wagner, Sheila" <wagners1711@cod.edu>

Tue, Sep 12, 2023 at 05:14 PM UTC

CC: Cruz, Anabel <cruza251@cod.edu>, Florin, Jason <florin@cod.edu>

BCC:

P0008553

Thank you,

Sheila Wagner

Grant Accountant

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137-6599

Phone: 630-942-2723

Fax: 630-942-2297

[wagners1711@cod.edu](mailto:wagners1711@cod.edu)

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**1 attachment**

CBHACON23 Invoice College of DuPage - \$3200.pdf