

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1088729  
Vendor Name: Presence Central & Suburban Hospitals N  
Invoice Number: 2022-2  
Invoice Date: 6/29/2023  
PO Number:  
Check Number: 0318167  
Check Amount: \$ 30.00  
Check Date: 10/11/2023  
Voucher Number: V0801003  
Document Type: AP Invoice

Document Below

# INVOICE

Ascension Mercy Medical Center  
1325 N Highland Ave  
Aurora, IL 60506

INVOICE # 2022-2  
Date: 06/29/2023

TO Colleen Prola Gonzalez  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
Phone: 630-942-2349  
E-mail: [prolac@cod.edu](mailto:prolac@cod.edu)

**FY 2023**  
**Vendor# 1088729**  
**GL# 01-10-00253-5308001**

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Radiography	Due on receipt	June 28, 2022

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Summer 2023	1st Yr Student Muhammad, 1 credit hour X \$15/hr		\$15
Summer 2022	1st Yr Student (Olivia), 1 credit hour X \$15/hr		\$15
	Subtotal		
SALES TAX			
TOTAL			30.00

Make all checks payable to: Ascension Mercy Imaging Department

THANK YOU FOR YOUR BUSINESS!

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

---

**Overdue Ascension invoice FY 2023**

---

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

Thu, Aug 31, 2023 at 08:29 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](mailto:prolac@cod.edu) 630-942-2994 (ph) 630-942-4222 (fax)

---

**1 attachment**

Ascension Mercy \$30.00 SENT AP 7.5.23 8.8.23 (002).pdf