

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst Occupational Health

Check Details:

Check Number: 0336386

Check Amount: \$ 508.00

Check Date: 3/4/2025

Invoice Details:

Invoice Number: 00198059-00

Invoice Date: 1/31/2025

PO Number: B0002204

Voucher Number: V0874829

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

Invoice

Page: 1

Invoice No.	Date
00198059 -00	01/31/2025

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Amount Due: \$508.00

Federal ID: 36-2167784

Account: COD

BO#B002204

Terms: Net due in 30 days

Service Date	Medical Activity	Quantity	Unit Price	Amount
Meenu James		Clinic Code: ELOH		
01/10/2025	TB Quantiferon Gold Blood Test Specimen ID 505748363	1.00	\$100.00	\$100.00
Sub-Total for Meenu James				\$100.00
Clarisa M V McMonigle		Clinic Code: ELOH		
01/10/2025	Lab - Hep B Antibody Specimen ID 543288644	1.00	\$54.00	\$54.00
Sub-Total for Clarisa M V McMonigle				\$54.00
Katarzyna Cygan		Clinic Code: ELOH		
01/15/2025	Lab - Hep B Antibody Specimen ID 543702034	1.00	\$54.00	\$54.00
01/15/2025	TB Quantiferon Gold Blood Test Specimen ID 543702033	1.00	\$100.00	\$100.00
Sub-Total for Katarzyna Cygan				\$154.00
Christopher B Ensign		Clinic Code: ELOH		
01/17/2025	TB Quantiferon Gold Blood Test Specimen ID 543974774	1.00	\$100.00	\$100.00
Sub-Total for Christopher B Ensign				\$100.00
Nancy Marian Petges		Clinic Code: ELAH		
01/20/2025	TB Quantiferon Gold Blood Test Specimen ID 544197282	1.00	\$100.00	\$100.00

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Page: 2

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Service Date	Medical Activity	Quantity	Unit Price	Amount
Sub-Total for Nancy Marian Petges				\$100.00

****INVOICE NUMBER MUST ACCOMPANY PAYMENT TO
ENSURE PROPER PAYMENT PROCESSING****

Account COD College Of Dupage Health & Sciences

Remit To:

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

If Paying by Credit Card, fill out below

AMEX <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

TOTAL DUE: \$508.00

Invoice 00198059 -00 Date 1/31/2025

Thank You

"Lang, Jessica" <langj@cod.edu>

Elmhurst INV#00198059-00 \$508.00

"Lang, Jessica" <langj@cod.edu>

Wed, Feb 26, 2025 at 04:00 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

Elmhurst INV#00198059-00 \$508.00 - sent to AP 2.26.25.pdf