

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1036518

Vendor Name: Central Dupage Hospital Association

Check Details:

Check Number: 0337544

Check Amount: \$ 210.00

Check Date: 3/26/2025

Invoice Details:

Invoice Number: 2025-1

Invoice Date: 3/17/2025

PO Number: NULL

Voucher Number: V0878924

Document Type: AP Invoice

Document Below

INVOICE # 2025-1
March 17th, 2025

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

Vendor# 1036518
GL# 01-10-00253-5308001

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Radiography	Due on receipt	March 18, 2025

DATE OF SEMESTER	DESCRIPTION		UNIT PRICE	LINE TOTAL
Spring 2024	Alyssa Jaenicke	3 credit hour X \$15/hr		\$45.00
	William Vollman	3 credit hour X \$15/hr		\$45.00
Spring 2024	Lauryn Brown	2 credit hour X \$15/hr		\$30.00
	Jaden Collins	2 credit hour X \$15/hr		\$30.00
	Samantha Sauer	2 credit hour X \$15/hr		\$30.00
	Francis Starble	2 credit hour X \$15/hr		\$30.00
	Subtotal			\$210.00
SALES TAX TOTAL				
				\$210.00

Make all checks payable to: Northwestern Medicine Central DuPage Hospital

THANK YOU FOR YOUR BUSINESS!

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

CDH

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

Mon, Mar 17, 2025 at 01:29 PM UTC

CC:

BCC:

1 attachment

CDH \$210 SENT AP 3.17.25 Spring Semester 2025 CDH Clinical Invoice.pdf