

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086894

Vendor Name: JRCNMT

Check Details:

Check Number: E0106234

Check Amount: \$ 5,200.00

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 25-012

Invoice Date: 1/2/2025

PO Number: P0016229

Voucher Number: V0875957

Document Type: AP Invoice

Document Below



**JOINT REVIEW COMMITTEE ON EDUCATIONAL
PROGRAMS IN NUCLEAR MEDICINE TECHNOLOGY**

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Purchase Order #	Duns Number	Cage Code	Terms	JRCNMT Federal ID	Invoice Number	Invoice Date
			March 3, 2025	# 36-3964285	25-012	January 2, 2025

2025 Annual Accreditation Fees

<u>Name of Affiliate</u>	<u>City and State</u>
Advocate Good Samaritan Hospital	Downers Grove, IL
CGH Medical Center	Sterling, IL
Edward Hospital - Main Campus	Naperville, IL
Elmhurst Hospital - Main Campus	Elmhurst, IL
HSHS St. Anthony's Memorial Hospital	Effingham, IL
Lewis University	Romeoville, IL
Lurie Children's Hospital of Chicago	Chicago, IL
Mount Sinai Hospital	Chicago, IL
Northwest Community Hospital	Arlington Heights, IL
OSF Saint Francis Medical Center	Peoria, IL
OSF St. Joseph Medical Center	Bloomington, IL
Riverside Medical Center	Kankakee, IL
Rush University Medical Center	Chicago, IL
Sarah Bush Lincoln Health Center	Mattoon, IL
Silver Cross Hospital	New Lenox, IL
UChicago Medicine AdventHealth Bolingbrook	Bolingbrook, IL
UW Health SwedishAmerican Hospital	Rockford, IL

Sponsor Fee:	\$1,800.00
Affiliates Fees: 17 =	\$3,400.00
Invoice Total:	\$5,200.00

Jan M. Winn, MEd, RT(N), CNMT
Executive Director

The JRCNMT does not accept credit cards

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

JRCNMT invoice PO# 016229

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

Thu, Mar 6, 2025 at 08:30 PM UTC

CC:

BCC:

1 attachment

JRCNMT 5,200 PENDING PO 016229 SENT AP 3.6.25.pdf