

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086894 **Vendor Name:** JRCNMT

Check Details:

Check Number: E0110723 **Check Amount:** \$ 500.00 **Check Date:** 11/25/2025

Invoice Details:

Invoice Number: CL25-57 **Invoice Date:** 11/11/2025 **PO Number:** P0020354 **Voucher Number:** V0914649

Document Type: AP Invoice

Document Below



**Joint Review Committee on Educational Programs
in Nuclear Medicine Technology**

820 W. Danforth Road, #B1
Edmond, OK 73003
Phone 405.285.0546 Fax 405.285.0579
mail@jrcnmt.org

Invoice # CL25-57
November 11, 2025

TO Jamie Noble, MSc, RT(R)(N)(CT), CNMT
Nuclear Medicine Program
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137

Digital Invoice Sent by Email

JRCNMT FEDERAL ID #	PAYMENT TERMS	PO NUMBER
36-3964285	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
2	Affiliate Application Fee	250.00	500.00
		TOTAL	\$500.00

Jan M. Winn, Executive Director

JRCNMT does not accept credit cards

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

JRCNMT

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

Wed, Nov 12, 2025 at 08:21 PM UTC

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

Program Support and Admissions Specialist, Health Sciences

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