

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1089159 **Vendor Name:** St. Alexius Med. Ctr.

Check Details:

Check Number: 0346155 **Check Amount:** \$ 50.00 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 2025 **Invoice Date:** 10/24/2025 **PO Number:** NULL
Voucher Number: V0912620

Document Type: AP Invoice

Document Below

INVOICE

Ascension Saint Alexius
1555 Barrington Road, DOB 3, Suite 1600
Hoffman Estates, IL 60169
Attn: Ann Roman

INVOICE # 2025
Date: 10/24/25

To Colleen Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
E-mail: prolac@cod.edu
dumfords@cod.edu

Vendor# 1089159
GL# 01-10-00253-5308001

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Mammography	Due on receipt	October 17, 2025

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2025	\$50 per student	50.00	\$50.00
	Subtotal		
			SALES TAX
			NA
			\$50.00
			TOTAL

Make all checks payable to:

BREAST CARE CENTER ASCENSION SAINT ALEXIUS 1555 BARRINGTON ROAD, HOFFMAN ESTATES, IL 60169 DEPT. 6600834940

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

St. Alexius

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

Fri, Oct 24, 2025 at 07:38 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 630-942-2994 (ph) 630-942-4222 (fax)

1 attachment

St. Alexius \$50 Mammo invoice SENT AP 10.24.25.pdf