

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083631
Vendor Name: Copley Memorial Hospital
Invoice Number: 2017-1
Invoice Date: 12/07/17
PO Number:
Check Number: 0229915
Check Amount: \$ 225.00
Check Date: 01/17/2018
Department ID: 00157
Reviewer Name:
Voucher Number: V0489001
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Gonzalez, Colleen

From: acctpay@cod.edu
Sent: Thursday, December 07, 2017 1:37 PM
To: Gonzalez, Colleen
Subject: Voucher Confirmation: V0489001

----- WARNINGS -----

The invoice number has already been entered on a voucher for this vendor

----- END of WARNINGS -----

Voucher Number V0489001
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 12/07/17
Due Date 12/10/17
Vendor ID and/or Name 1083631 Copley Memorial Hospital
AP Type IM Invoices < \$15,000
Voucher Total \$225.00

ITEM 1

Item Description Sonography Fall 2017 clinicals -Pikul, J
Quantity 2.000
Price \$45.0000
Extended Price \$90.00
GL Distribution 01-10-00157-5308001

ITEM 2

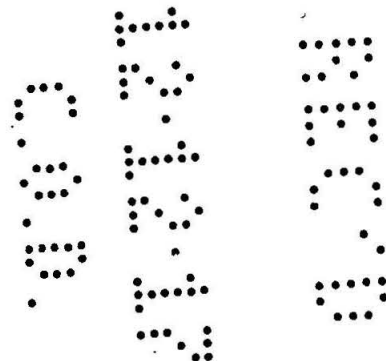
Item Description Sonography Fall 2017 clinicals -Porter,
Quantity 1.000
Price \$45.0000
Extended Price \$45.00
GL Distribution 01-10-00157-5308001

ITEM 3

Item Description Sonography Fall 2017 clinicals -Van Acke
Quantity 1.000
Price \$45.0000
Extended Price \$45.00
GL Distribution 01-10-00157-5308001

ITEM 4

Item Description Sonography Fall 2017 clinicals -Burns, J
Quantity 1.000
Price \$45.0000
Extended Price \$45.00



(over) →

COMMENTS

APPROVAL

DATE

AP VERIFIED
12/14/17 - MARIA ZERRUDO

NEXT APPROVALS

M. Ahmad Chaudhry 12/11/17
Dr. M. Ahmad Chaudhry

2017

INVOICE

Hospital
Address
City, State
Attn:

Rush Oglethorpe Medical Center
2000 Ogden Ave
Aurora IL
Leila Taheri Tom Markuszewski

INVOICE # 2017-1

Date:

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

ultrasound department

MODALITY	PAYMENT TERMS	DUE DATE
DMIS-Sonography	Due on receipt	

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Jeanne, Pikul	1-24-17 5-30-17	45x2	90
Sherry Lynn Porter	8-22-17	45	45
Sarah Van Allen	8-21-17	45	45
Jennifer, Burns	8-24-17	45	45
	Subtotal		
SALES TAX			NA
TOTAL			225 \$

Make all checks payable to: Radiology Director:

Thomas M. Markuszewski, RT, MBA

Address: 2000 Ogden Ave

M. Ahmad Chaudhry 12/11/17

City, State, Zip: Aurora, IL 60504

Dr. M. Ahmad Chaudhry

Katie Nabor
for xray

to Leila Taheri like