

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 212828

Invoice Date: 12/08/17

PO Number: B0353821

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0489719

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

30353824

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FAX: 312-388-7234

*[Handwritten signature]*

**AP VERIFIED**  
**12/14/17**  
**BETHANY CRUSE**  
December 08, 2017

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
11/17 Screenings

Invoice # 212828

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
92552	11/29/2017	Audiometry, Audioscope	1.00	15.94			15.94
95831	11/29/2017	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99172	11/29/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	11/29/2017	Physical, Post Offer	1.00	38.25			38.25
<i>[Handwritten signature]</i> Summary for [REDACTED]				163.09	0.00	0.00	163.09
99455	11/16/2017	Physical, DOT	1.00	77.70			77.70
<i>[Handwritten signature]</i> Summary for [REDACTED]				77.70	0.00	0.00	77.70
80305	11/22/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
<i>[Handwritten signature]</i> Summary for [REDACTED]				32.00	0.00	0.00	32.00
80305	11/16/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
<i>[Handwritten signature]</i> Summary for [REDACTED]				32.00	0.00	0.00	32.00
92552	11/15/2017	Audiometry, Audioscope	1.00	15.94			15.94
95831	11/15/2017	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99173	11/15/2017	Snellen Vision (Screening)	1.00	15.94			15.94
99455	11/15/2017	Physical, Post Offer	1.00	38.25			38.25
<i>[Handwritten signature]</i> Summary for [REDACTED]				141.53	0.00	0.00	141.53

Invoice # 212828 Balance Due: 446.32

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***



Cut and return with payment

Please place invoice number 212828 on check

Please remit 446.32 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 212667  
Invoice Date: 12/01/17  
PO Number: B0353821  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 00797  
Reviewer Name:  
Voucher Number: V0489720  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

30 353821  
my

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

RECEIVED

DEC 06 2017  
**AP VERIFIED**  
HUMAN RESOURCES  
**12/14/17 - BETHANY CRUSE**  
December 01, 2017

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
11/17 Screenings

Invoice # 212667

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
92552	11/13/2017	Audiometry, Audioscope	1.00	15.94			15.94
99172	11/13/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	11/13/2017	Physical, Post Offer	1.00	38.25			38.25
		Summary for [REDACTED]		91.69	0.00	0.00	91.69
80305	11/17/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
92552	11/17/2017	Audiometry, Audioscope	1.00	15.94			15.94
99172	11/17/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	11/17/2017	Physical, Post Offer	1.00	38.25			38.25
		Summary for [REDACTED]		123.69	0.00	0.00	123.69

Invoice # 212667 Balance Due:

215.38

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

Cut and return with payment

Please remit 215.38 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Please place invoice number 212667 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 211875

Invoice Date: 12/01/17

PO Number: B0353821

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0489721

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 61808  
Phone: 630-894-8404  
FAX: 630-871-1314

RECEIVED

DEC 06 2017

**AP VERIFIED**  
**12/14/17 - BETHANY CRUSE**  
HUMAN RESOURCES

Invoice  
December 01, 2017.

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
10/17 Screenings

Invoice # 211875

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	10/30/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
		Summary for [REDACTED]		32.00	0.00	0.00	32.00
92552	10/30/2017	Audiometry, Audioscope	1.00	15.94			15.94
95831	10/30/2017	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99172	10/30/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	10/30/2017	Physical, Post Offer	1.00	38.25			38.25
		Summary for [REDACTED]		163.09	0.00	0.00	163.09

Invoice # 211875 Balance Due: 195.09

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

Cut and return with payment

Please remit 195.09 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Please place invoice number 211875 on check

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 211768  
Invoice Date: 12/01/17  
PO Number: B0353821  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 00797  
Reviewer Name:  
Voucher Number: V0489722  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

BO 353821  
umj

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 61810

Phone: 630-894-8404  
FEIN: 03-3123

**AP VERIFIED**  
**12/14/17 - BETHANY CRUSE**

RECEIVED

DEC 08 2017

HUMAN RESOURCES

Invoice  
December 01, 2017

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
10/17 Screenings

Invoice # 211768

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	10/31/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
Summary for [REDACTED]				32.00	0.00	0.00	32.00
Invoice # 211768 Balance Due:							32.00

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

Cut and return with payment

Please place invoice number **211768** on check

Please remit 32.00 to PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 212878  
Invoice Date: 12/01/17  
PO Number: B0353821  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 00797  
Reviewer Name:  
Voucher Number: V0489723  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

80353821

*[Handwritten signature]*

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 630-172311

RECEIVED

DEC 06 2017

**AP VERIFIED**  
**12/14/17 - BETHANY CRUSE**  
HUMAN RESOURCES

Invoice

December 01, 2017

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
11/17 Screenings

Invoice # 212878

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	11/16/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
Summary for [REDACTED]				32.00	0.00	0.00	32.00

Invoice # 212878 Balance Due: 32.00

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***



Cut and return with payment

Please place invoice number 212878 on check

Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 211785  
Invoice Date: 12/01/17  
PO Number: B0352965  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 67001  
Reviewer Name:  
Voucher Number: V0489726  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

**AP VERIFIED**  
**12/14/17 - BETHANY CRUSE**  
invoice

Bo# 352965

December 01, 2017

Bill to: Isobel Bell  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
11/17 Screenings

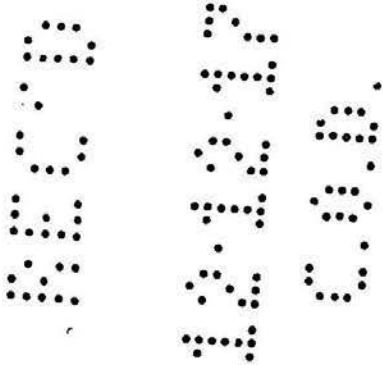
Invoice # 211785

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	11/01/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	11/01/2017	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 211785 Balance Due:

129.88

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*



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DEC 12 2017



Cut and return with payment

Please place invoice number **211785** on check

Please remit **129.88** to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 211834  
Invoice Date: 12/01/17  
PO Number: B0352965  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 67001  
Reviewer Name:  
Voucher Number: V0489727  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404

FEIN: 363887234

**AP VERIFIED**  
**12/14/17 - BETHANY CRUSE**  
**Invoice**

Bot# 352965

December 01, 2017

Bill to: Isobel Bell  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
10/17 Screenings

Invoice # 211834

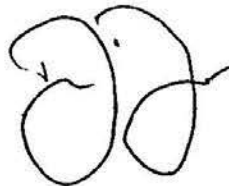
Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	10/27/2017	Drug screen. DOT panel	1.00	55.88			55.88
99455	10/27/2017	Physical. DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 211834 Balance Due:

129.88

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

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DEC 1 2 2017



Cut and return with payment

Please place invoice number **211834** on check

Please remit **129.88** to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 211861  
Invoice Date: 12/01/17  
PO Number: B0352965  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 67001  
Reviewer Name:  
Voucher Number: V0489728  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

Bo# 352965

**AP VERIFIED**

Invoice

**12/14/17 - BETHANY CRUSE**

Bill to: Isobel Bell  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
10/17 Screenings

Invoice # 211861

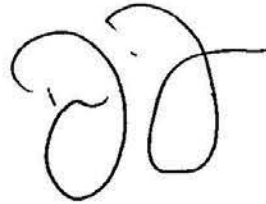
Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	10/30/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	10/30/2017	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 211861 Balance Due:

129.88

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

APPROVED



DEC 12 2017

Cut and return with payment

Please remit 129.88 to

Please place invoice number 211861 on check

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-894-8404

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 214722  
Invoice Date: 01/02/18  
PO Number: B0352965  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 67001  
Reviewer Name:  
Voucher Number: V0491013  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208

Bloomington, IL 61808

Phone: 630-894-8404

FAX: 363887234

**AP VERIFIED**

**01/10/18 - BETHANY CRUSE**

Bo# 352965

**Invoice**

January 02, 2018

Bill to: Isobel Bell  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
12/17 Screenings

Invoice # 214722

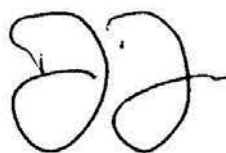
Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/28/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/28/2017	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 214722 Balance Due:

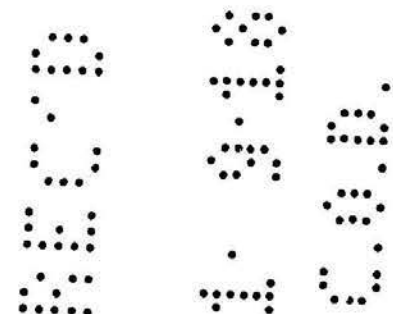
129.88

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

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JAN 09 2018



Cut and return with payment

Please remit 129.88 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 214722 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 213525

Invoice Date: 01/02/18

PO Number: B0352965

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 67001

Reviewer Name:

Voucher Number: V0491015

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208

Bloomington, IL 60108

Phone: 630-894-8404

FAX: 363887234

**AP VERIFIED**

**01/10/18 - BETHANY CRUSE**

**Invoice**

January 02, 2018

*B04 352965*

Bill to: Isobel Bell  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
12/17 Screenings

Invoice # 213525

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/07/2017	Drug screen, DOT panel	1.00	55.88			55.88
Summary for				55.88	0.00	0.00	55.88
80305	12/01/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/01/2017	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 213525 Balance Due:

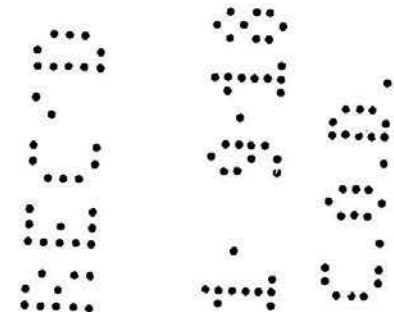
185.76

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

APPROVED

*[Signature]*

JAN 09 2018



Cut and return with payment

Please remit 185.76 to

Please place invoice number 213525 on check

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 214109

Invoice Date: 01/02/18

PO Number: B0352965

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 67001

Reviewer Name:

Voucher Number: V0491016

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

**AP VERIFIED**  
**01/10/18 - BETHANY CRUSE**

Bo# 352965

## Invoice

January 02, 2018

Bill to: Isobel Bell  
 COD Truck Driving School  
 301 S. Swift Rd. #6  
 Addison, IL 60101

For: COD Truck Driving School  
 12/17 Screenings

Invoice # 214109

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/19/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/19/2017	Physical, DOT	1.00	74.00			74.00
Summary for [REDACTED]				129.88	0.00	0.00	129.88
80305	12/22/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/22/2017	Physical, DOT	1.00	74.00			74.00
Summary for [REDACTED]				129.88	0.00	0.00	129.88
80305	12/12/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/12/2017	Physical, DOT	1.00	74.00			74.00
Summary for [REDACTED]				129.88	0.00	0.00	129.88
80305	12/21/2017	Drug screen, DOT panel	1.00	55.88			55.88
99455	12/21/2017	Physical, DOT	1.00	74.00			74.00
Summary for [REDACTED]				129.88	0.00	0.00	129.88

Invoice # 214109 Balance Due:

519.52

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

APPROVED

JAN 09 2018

Cut and return with payment

Please remit 519.52 to

PAHCS II/Northwestern Med Occ Health  
 Dept 4086  
 Carol Stream, IL 60122-4086  
 Phone: 630-539-5217

Please place invoice number 214109 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 213746

Invoice Date: 01/02/18

PO Number: B0353821

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0491655

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: duvald@cod.edu  
Sent: Fri Jan 12 09:12:20 CST 2018  
To: duvald@cod.edu, invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Printer  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-268

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

BO 353821

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JAN 10 2018

HUMAN RESOURCES

ok to pay

Northwestern Medicine Occupational Health  
 245 South Gary Ave., Ste 208  
 Bloomingdale, IL 60108  
 Phone: 630-894-8404  
 FEIN: 363887234

## Invoice

January 02, 2018

Bill to: Michelle Olson Rzeminski  
 College of DuPage  
 425 Fawell Boulevard  
 Glen Ellyn, IL 60137

**AP VERIFIED**  
 For: COD-College of DuPage  
 12/17 Screenings  
**01/16/18 - BETHANY CRUSH**

Invoice # 213746

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/13/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
	(B1)	Summary for [REDACTED]		32.00	0.00	0.00	32.00
80305	12/13/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
	(B1)	Summary for [REDACTED]		32.00	0.00	0.00	32.00
92552	12/05/2017	Audiometry, Audioscope	1.00	15.94			15.94
95831	12/05/2017	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99172	12/05/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	12/05/2017	Physical, Post Offer	1.00	38.25			38.25
		Summary for [REDACTED]		63.09	0.00	0.00	163.09
80305	12/26/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
	(B1)	Summary for [REDACTED]		32.00	0.00	0.00	32.00

Invoice # 213746 Balance Due:

259.09

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*



Cut and return with payment

Please remit **259.09** to

PAHCS II/Northwestern Med Occ Health  
 Dept 4086  
 Carol Stream, IL 60122-4086  
 Phone: 630-539-5217

Please place invoice number **213746** on check

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 214441  
Invoice Date: 01/02/18  
PO Number: B0353821  
Check Number: 0230123  
Check Amount: \$ 2,727.77  
Check Date: 01/17/2018  
Department ID: 00797  
Reviewer Name:  
Voucher Number: V0491657  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



-----  
From: duvald@cod.edu  
Sent: Fri Jan 12 09:11:52 CST 2018  
To: duvald@cod.edu, invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Printer  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-268

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

BO 353821  
RECEIVED

JAN 10 2018

HUMAN RESOURCES

ok to pay  
mg

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

Invoice

January 02, 2018

AP VERIFIED

For: COD-College of DuPage

01/16/18 - BETHANY CRUSE

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

Invoice # 214441

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/19/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
	(D)	Summary for		32.00	0.00	0.00	32.00

Invoice # 214441 Balance Due:

32.00

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

Cut and return with payment

Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 214441 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 213773

Invoice Date: 01/02/18

PO Number: B0353821

Check Number: 0230123

Check Amount: \$ 2,727.77

Check Date: 01/17/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0491658

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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Sent: Fri Jan 12 09:12:12 CST 2018  
To: duvald@cod.edu, invoicing@cod.edu  
CC:  
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Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-268

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

BO 353821

RECEIVED

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

JAN 10 2018

ok to pay

HUMAN RESOURCES

## Invoice

January 02, 2018

AP VERIFIED

For: CCL College of DuPage  
12/17 Screenings

01/16/18 - BETHANY CRUSE

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

Invoice # 213773

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	12/04/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
		(D) Summary for [REDACTED]		32.00	0.00	0.00	32.00
80305	12/22/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
		(D) Summary for [REDACTED]		32.00	0.00	0.00	32.00
80305	12/27/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
		(D) Summary for [REDACTED]		32.00	0.00	0.00	32.00
80305	12/21/2017	Drug screen, Rapid Test Non-Dot 5 Panel	1.00	32.00			32.00
		(D) Summary for [REDACTED]		32.00	0.00	0.00	32.00
92552	12/14/2017	Audiometry, Audioscope	1.00	15.94			15.94
95831	12/14/2017	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99172	12/14/2017	Optec Vision (Screening)	1.00	37.50			37.50
99455	12/14/2017	Physical, Post Offer	1.00	38.25			38.25
		Summary for [REDACTED]		163.09	0.00	0.00	163.09

Invoice # 213773 Balance Due:

291.09

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

Cut and return with payment

Please remit 291.09 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 213773 on check