

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082014
Vendor Name: American Dental Association
Invoice Number: INA000818
Invoice Date: 03/01/18
PO Number: P0356715
Check Number: 0234758
Check Amount: \$ 3,815.00
Check Date: 04/11/2018
Department ID: 00429
Reviewer Name:
Voucher Number: V0500317
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Invoice

Please Remit To:
American Dental Association
28094 Network Place
Chicago IL 60673-1280

Date 3/1/2018
Invoice # INA000818
Terms Net 30
Due Date 3/31/2018
PO #
Subsidiary ADA 501(C)(6)
Contact Name Dr. M. Ahman Chaudhry
Contact Phone 630.942.8331

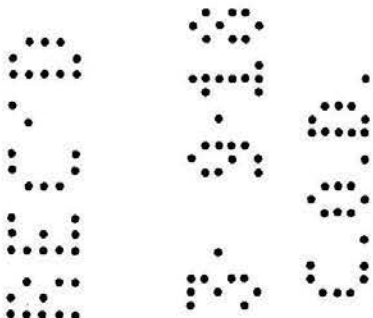
Bill To
Dr. M. Ahman Chaudhry
College of DuPage
425 Fawell Blvd.
Dental Hygiene Program
Glen Ellyn IL 60137
United States

PO # 356715

AP VERIFIED
03/15/18 - MARIA ZERRUDO

Item	Description	Quantity	Rate	Amount
240006 DH Program	Dental Hygiene	1	1,890.00	1,890.00
240006 DH Site Visit	Dental Hygiene Site Visit	1	1,890.00	1,890.00
240273 CODA Assessment	ADA Assessment	1	35.00	35.00

Total \$3,815.00



M. Ahman Chaudhry 3/8/18
M. Ahmad Chaudhry

GL#: 01-20-06429-5406002

American Dental Association

Remittance Slip

To pay by credit card, please fill out this form and mail it to the Remit to address, or Fax it to 312-440-2567

Customer C2403 College of DuPage
Invoice # INA000818
Amount Due \$3,815.00
Amount Paid _____

Please Enter Your Credit Card Information

Type: ☐ Master Card ☐ VISA ☐ American Express ☐ Discover
Credit Card #: _____
Expiration Date: _____ Month _____ Year
Signature: _____

Make Checks Payable To

Please Remit To:
American Dental Association
28094 Network Place
Chicago IL 60673-1280
Fax: 312-440-2567