

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1036518

Vendor Name: Central Dupage Hospital Associ

Invoice Number: 031318

Invoice Date: 03/13/18

PO Number:

Check Number: 0234800

Check Amount: \$ 126.00

Check Date: 04/11/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0500779

Redaction Type: Other

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

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Tuesday, March 13, 2018 1:39 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0500779

Voucher Number V0500779
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 03/13/18
Due Date 03/13/18
Vendor ID and/or Name 1036518 Central Dupage Hospital Association
AP Type IM Invoices < \$15,000
Voucher Total \$126.00

ITEM 1

Item Description Spring 2018 Clinials - Chavez
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 2

Item Description Spring 2018 Clinials - Ostick
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 3

Item Description Spring 2018 Clinials - Richardson
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 4

Item Description Spring 2018 Clinials - Burton
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 5

Item Description Spring 2018 Clinials - Haboush
Quantity 1.000
Price \$6.0000

Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 6

Item Description Spring 2018 Clinials - Kachmer
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 7

Item Description Spring 2018 Clinials - Rafacz
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 8

Item Description Spring 2018 Clinials - Rai
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 9

Item Description Spring 2018 Clinials - Ross
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

COMMENTS

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

APPROVAL

DATE

NEXT APPROVALS

M. Ahmad Chaudhry 3/13/18
M. Ahmad Chaudhry



REC'D
3-14-18
C.O.D.

Central DuPage Hospital
25 North Winfield Road
Winfield, Illinois 60190
630.933.1600
nm.org

Jessica Lang
Administrative Assistant, Health and Sciences Division
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
E-mail: Langj@cod.edu

College of DuPage Clinical Period: January 22, 2018 – May 18, 2018
Invoice date: March 12, 2018

MODALITY	PAYMENT TERMS	DUE DATE
DMIR Radiography	Due on receipt	May 2018

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
Spring 2018		Junior	\$ 30.00		\$ 30.00
Spring 2018		Junior	\$ 30.00		\$ 30.00
Spring 2018		Junior	\$ 30.00		\$ 30.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2018		Senior	\$ 45.00	\$ 39.00	\$ 6.00
TOTAL					\$ 126.00

Submitted by: Alana Cooper B.S.N.T.

AP VERIFIED
03/15/18 - MARIA ZERRUDO

Northwestern Medicine Central DuPage Hospital
25 N Winfield Road
Winfield, Illinois 60190

ATTN: Manager, Diagnostic Imaging
Lauri V. Camp

M. Ahmad Chaudhry 3/13/18
M. Ahmad Chaudhry

GL#: 01-10-00253-5308001