

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083631

Vendor Name: Copley Memorial Hospital

Invoice Number: 2017-1

Invoice Date: 03/15/18

PO Number:

Check Number: 0234822

Check Amount: \$ 90.00

Check Date: 04/11/2018

Department ID: 00157

Reviewer Name:

Voucher Number: V0500878

Redaction Type: Other

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

Document Below

**Lang, Jessica**

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**From:** acctpay@cod.edu  
**Sent:** Thursday, March 15, 2018 11:20 AM  
**To:** Lang, Jessica  
**Subject:** Voucher Confirmation: V0500878

Voucher Number V0500878  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

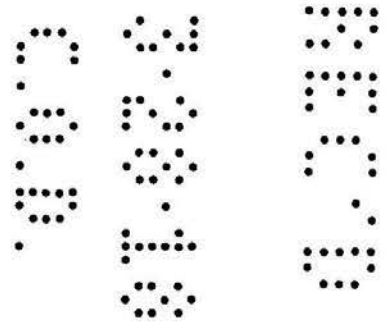
Voucher Date 03/15/18  
Due Date 03/15/18  
Vendor ID and/or Name 1083631 Copley Memorial Hospital  
AP Type IM Invoices < \$15,000  
Voucher Total \$90.00

**ITEM 1**

Item Description Spring 2018 Clinicals - [REDACTED]  
Quantity 1.000  
Price \$45.0000  
Extended Price \$45.00  
GL Distribution 01-10-00157-5308001

**ITEM 2**

Item Description Spring 2018 Clinicals - [REDACTED]  
Quantity 1.000  
Price \$45.0000  
Extended Price \$45.00  
GL Distribution 01-10-00157-5308001



**COMMENTS**

**APPROVAL**

**DATE**

**AP VERIFIED**  
**03/28/18 - MARIA ZERRUDO**

**NEXT APPROVALS**

*M. Ahmad Chaudhry 3/26/18*  
*M. Ahmad Chaudhry*

Hopsital  
Address  
City, State  
Attn:

Rush Gpley Medical Center  
2000 Ogden Ave  
Aurora IL

INVOICE # 2017-1  
Date:

Leila Taheri Tom MARKUSZEWSKI

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
	JAN 22	45	45
	JAN 22	45	45
	Subtotal		
SALES TAX			NA
TOTAL			225 \$ 90

Make all checks payable to: Radiology Director:

Thomas M. Markuszewski, RT, MBA

Address: 2000 Ogden Ave

City, State, Zip: Aurora, IL 60504

M. Ahmad of Chandhry 3/26/18  
M. Ahmad Chandhry

GL#: 01-10-00157-5308001