

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1220573

Vendor Name: Edward Hospital-Dept. of Radio

Invoice Number: 143

Invoice Date: 03/19/18

PO Number:

Check Number: 0234849

Check Amount: \$ 645.00

Check Date: 04/11/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0501613

Redaction Type: Other

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

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Tuesday, March 20, 2018 2:12 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501613

Voucher Number V0501613
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 03/20/18
Due Date 03/20/18
Vendor ID and/or Name 1220573 Edward Hospital-Dept. of Radiograph
AP Type IM Invoices < \$15,000
Voucher Total \$45.00

ITEM 1

Item Description Spring 2018 Clinicals
Quantity 1.000
Price \$45.0000
Extended Price \$45.00
GL Distribution 01-10-00253-5308001

AP VERIFIED
03/28/18 - MARIA ZERRUDO

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

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

INVOICE # 143
Date: March 19, 2018

TO Jessica Lang
College of DuPage
Program Support Specialist, Health and Sciences Division
425 Fawell Boulevard, Room HS1220
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
MRI-Elmhurst	Due on receipt	April 2, 2018

[illegible]

Make all checks payable to: Edward Elmhurst Health
THANK YOU FOR YOUR BUSINESS!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1220573
Vendor Name: Edward Hospital-Dept. of Radio
Invoice Number: 139
Invoice Date: 03/19/18
PO Number:
Check Number: 0234849
Check Amount: \$ 645.00
Check Date: 04/11/2018
Department ID: 00253
Reviewer Name:
Voucher Number: V0507238
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

INVOICE # 139
Date: March 19, 2018

PO# 356944

DUE DATE

AP VERIFIED

03/28/18 - MARIA ZERRUDO

MODALITY	PAYMENT TERMS	DUE DATE
DMIR-Edward	Due on receipt	April 2, 2018

DATE OF SEMESTER		DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2018		t hour X \$15/hr.	45	\$45
Spring 2018		t hour X \$15/hr.	45	\$45
Spring 2018		hour X \$15/hr.	45	\$45
Spring 2018	2	dit hour X \$15/hr.	45	\$45
Spring 2018	20	edit hour X \$15/hr.	45	\$45
Spring 2018		t hour X \$15/hr.	45	\$45
Spring 2018		hour X \$15/hr.	45	\$45
Spring 2018		it hour X \$15/hr.	45	\$45
Spring 2018		hour X \$15/hr.	30	\$30
Spring 2018		dit hour X \$15/hr.	30	\$30
Spring 2018		it hour X \$15/hr.	30	\$30
Spring 2018		dit hour X \$15/hr.	30	\$30
Spring 2018		it hour X \$15/hr.	30	\$30
Spring 2018	1	edit hour X \$15/hr.	30	\$30
Spring 2018		t hour X \$15/hr.	30	\$30
Spring 2018	1 st Yr	2 credit hour X \$15/hr.	30	\$30
			600	\$600.00
Sales Tax			NA	
Total ¹			600.00	\$600.00

Sales Tax

Total '

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

(C) LIT 01-10-00253-5308001

Make all checks payable to: Edward Elmhurst Health

THANK YOU FOR YOUR BUSINESS!

