

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188852
Vendor Name: Athletico -Oak Brook
Invoice Number: 815155
Invoice Date: 03/27/18
PO Number: B0353591
Check Number: E0066282
Check Amount: \$ 6,396.56
Check Date: 04/04/2018
Department ID: 17100
Reviewer Name:
Voucher Number: V0507757
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: venasue@cod.edu
Sent: Tue Apr 03 10:26:47 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Attached is an invoice for Atletico. -----Original Message----- From: venasue@cod.edu Sent: Tuesday, April 03, 2018 10:05 AM To: Vena, Susan M. Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: Device Name: Printer-095

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

Athletico Management LLC
PO Box 74007019
Chicago, IL 60674-7019

ATHLETICO

PHYSICAL THERAPY

FEIN 46-5605707
(630) 575-6230

Invoice

DATE	Invoice #
3/27/2018	815155

Company

AMH

Sue Vena
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

Description

ATC: Hinley/Smith

Terms

Due Upon Receipt

AP VERIFIED

04/03/18 BETHANY CRUSE

Description		Quantity	Rate:	Amount
ATC: 2.25-3.24.18		345.76	18.50	6,396.56
Po. 353591				
[Signature]				
[Signature]				
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			Total	6,396.56