

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084385

Vendor Name: Edward Hospital & Health Serv

Invoice Number: 138

Invoice Date: 03/19/18

PO Number:

Check Number: E0066300

Check Amount: \$ 660.00

Check Date: 04/04/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0501608

Redaction Type: Other

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

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Tuesday, March 20, 2018 1:21 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501608

Voucher Number V0501608
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 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$435.00

ITEM 1
Item Description Spring 2018 Clinicals - 2nd year student
Quantity 1.000
Price \$225.0000
Extended Price \$225.00
GL Distribution 01-10-00253-5308001

ITEM 2
Item Description Spring 2018 Clinicals - 1st year student
Quantity 1.000
Price \$210.0000
Extended Price \$210.00
GL Distribution 01-10-00253-5308001

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

AP VERIFIED
03/28/18 - MARIA ZERRUDO

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

GL#: 01-10-00253-5308001

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 138
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
DMIR-Edward	Due on receipt	April 2, 2018

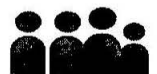
DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2018	[REDACTED] 3 credit hour X \$15/hr.	45	\$45
Spring 2018	[REDACTED] 3 credit hour X \$15/hr.	45	\$45
Spring 2018	[REDACTED] 3 credit hour X \$15/hr.	45	\$45
Spring 2018	[REDACTED] 3 credit hour X \$15/hr.	45	\$45
Spring 2018	[REDACTED] 3 credit hour X \$15/hr.	45	\$45
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Spring 2018	[REDACTED] 2 credit hour X \$15/hr.	30	\$30
Subtotal		435	\$435.00
Sales Tax		NA	
Total		435.00	\$435.00

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

64# : 01-10-00253-5308001

Make all checks payable to: Edward Elmhurst Health

THANK YOU FOR YOUR BUSINESS!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084385

Vendor Name: Edward Hospital & Health Serv

Invoice Number: 144

Invoice Date: 03/19/18

PO Number:

Check Number: E0066300

Check Amount: \$ 660.00

Check Date: 04/04/2018

Department ID: 00157

Reviewer Name:

Voucher Number: V0501609

Redaction Type: Other

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

Document Below

Lang, Jessica


From: acctpay@cod.edu
Sent: Tuesday, March 20, 2018 1:35 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501609

Voucher Number V0501609
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 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$45.00

ITEM 1

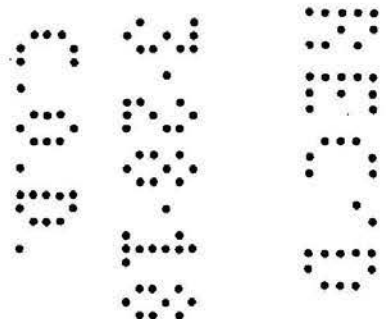
Item Description Spring 2018 Clinicals - 
Quantity 1.000
Price \$45.0000
Extended Price \$45.00
GL Distribution 01-10-00157-5308001

COMMENTS

APPROVAL

DATE

NEXT APPROVALS



AP VERIFIED
03/28/18 - MARIA ZERRUDO

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

INVOICE # 144
Date: March 19, 2018

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

[illegible]

6477: 01-10-00157-530800;

Make all checks payable to: Edward Elmhurst Health

THANK YOU FOR YOUR BUSINESS!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084385

Vendor Name: Edward Hospital & Health Serv

Invoice Number: 142

Invoice Date: 03/19/18

PO Number:

Check Number: E0066300

Check Amount: \$ 660.00

Check Date: 04/04/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0501612

Redaction Type: Other

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

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Tuesday, March 20, 2018 2:10 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501612

Voucher Number V0501612
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 1084385 Edward Hospital & Health Serv
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 01-10-00253-5308001

ITEM 2

Item Description Spring 2018 Clinicals - [REDACTED]
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

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 142
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-Edward	Due on receipt	April 2, 2018

[illegible]

64#: 01-10-00253-5308001

Make all checks payable to: Edward Elmhurst Health

THANK YOU FOR YOUR BUSINESS!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084385

Vendor Name: Edward Hospital & Health Serv

Invoice Number: 140

Invoice Date: 03/19/18

PO Number:

Check Number: E0066300

Check Amount: \$ 660.00

Check Date: 04/04/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0501867

Redaction Type: Other

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

Document Below

Lang, Jessica

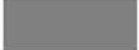
From: acctpay@cod.edu
Sent: Friday, March 23, 2018 3:20 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501867

Voucher Number V0501867
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 03/23/18
Due Date 03/23/18
Vendor ID and/or Name 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$45.00

ITEM 1

Item Description Spring 2018 CT Clinicals - 
Quantity 1.000
Price \$45.0000
Extended Price \$45.00
GL Distribution 01-10-00221-5308001

COMMENTS

APPROVAL

DATE

AP VERIFIED
03/28/18 - MARIA ZERRUDO

NEXT APPROVALS

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

INVOICE

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 140
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
CT-Edward	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: 1084385

Vendor Name: Edward Hospital & Health Serv

Invoice Number: 146

Invoice Date: 03/19/18

PO Number:

Check Number: E0066300

Check Amount: \$ 660.00

Check Date: 04/04/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0501869

Redaction Type: Other

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

Document Below

Lang, Jessica

From: acctpay@cod.edu
Sent: Friday, March 23, 2018 3:22 PM
To: Lang, Jessica
Subject: Voucher Confirmation: V0501869

Voucher Number V0501869
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 03/23/18
Due Date 03/23/18
Vendor ID and/or Name 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$45.00

ITEM 1

Item Description Spring 2018 Nuc Med Clinicals - [REDACTED]

Quantity 1.000

Price \$45.0000

Extended Price \$45.00

GL Distribution 01-10-00221-5308001

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

AP VERIFIED
03/28/18 - MARIA ZERRUDO

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

INVOICE

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 146
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
Nuclear Medicine-Edward	Due on receipt	April 2, 2018

[illegible]

GL#: 01-10-00221-5308001

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

