

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1526940

Vendor Name: Mountain Measurement, Inc.

Invoice Number: 32914

Invoice Date: 07/31/18

PO Number: P0359507

Check Number: 0238054

Check Amount: \$ 525.00

Check Date: 08/15/2018

Department ID: 00226

Reviewer Name:

Voucher Number: V0522821

Redaction Type: None

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

Document Below



# INVOICE

<https://reports.mountainmeasurement.com/nclex>

**Bill to:**

Attn to: Janelle Walker  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Order Date: 2018-07-31 07:11:50 PDT

Due Date: 2018-08-30

Terms: Net 30 Days

Order Number: 32914

P.O. Number:

**AP VERIFIED**

**08/14/18 - BETHANY CRUSE**

SKU	Item	Amount (USD)
US49409500_1819USRNAN	Annual NCLEX-RN Program Report 2018-2019 Education Program Code: US49409500 Institution Name: COLLEGE OF DUPAGE - ADN	\$175.00
US49409500_1819USRNSF	Semi-Annual Fall NCLEX-RN Program Report 2018-2019 Education Program Code: US49409500 Institution Name: COLLEGE OF DUPAGE - ADN	\$175.00
US49409500_1819USRNSS	Semi-Annual Spring NCLEX-RN Program Report 2018-2019 Education Program Code: US49409500 Institution Name: COLLEGE OF DUPAGE - ADN	\$175.00
<b>Total Cost of Order</b>		<b>\$525.00</b>

Payment ID: 39937	Check Payment on Check Number:	
<b>Amount Paid</b>		<b>\$0.00</b>
<b>Balance Due</b>		<b>\$525.00</b>

Payment must be received before reports will be provided.

Checks may be made payable to:  
**Mountain Measurement, Inc.**

Please remit payment to:  
**Mountain Measurement, Inc.**  
**NCLEX Program Reports**  
**P.O. Box 86736**  
**Portland, OR 97286**  
**TIN #: 30-0122251**

Please include a copy of this invoice with your payment.

If you have any questions, please contact us at (800) 261-6227.

*Dr. Debra Burrey*  
Dr. Debra Burrey  
gl: 01-10-00224-5404002  
po: 359507