

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 223000

Invoice Date: 07/05/18

PO Number: B0353821

Check Number: 0238098

Check Amount: \$ 541.52

Check Date: 08/15/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0519121

Redaction Type: Other

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

Document Below

BO# 353821  
ok to pay

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

RECEIVED

JUL 05 2018

Invoice

HUMAN RESOURCES

July 05, 2018

**AP VERIFIED**

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For COD-College of DuPage  
6/18 Screenings

**07/12/18 - BETHANY CRUSE**

Invoice # 223000

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/28/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		Summary for [REDACTED]		32.00	0.00	0.00	32.00
Invoice # 223000 Balance Due:							32.00

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

Cut and return with payment

Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 223000 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 222526

Invoice Date: 07/05/18

PO Number: B0353821

Check Number: 0238098

Check Amount: \$ 541.52

Check Date: 08/15/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0519142

Redaction Type: Other

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

Document Below

Bo# 353821

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

RECEIVED

JUL 05 2018

HUMAN RESOURCES

ok to pay 

Invoice

July 05, 2018



**AP VERIFIED**

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COB-College of DuPage  
6/18 Screenings

**07/12/18 - BETHANY CRUSE**

Invoice # 222526

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/14/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		Summary for 		32.00	0.00	0.00	32.00
Invoice # 222526 Balance Due:							32.00

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

 Cut and return with payment

Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 222526 on check

PO# 353821

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

RECEIVED

JUL 05 2018

HUMAN RESOURCES

ok to pay *my*

Invoice

July 05, 2018

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
6/18 Screenings

Invoice # 222289

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/07/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>BJ</i> Summary for Alexandira Farooq XXX-XX-5300		32.00	0.00	0.00	32.00
Invoice # 222289 Balance Due:							32.00

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

Cut and return with payment



Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 222289 on check

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 221941

Invoice Date: 07/05/18

PO Number: B0353821

Check Number: 0238098

Check Amount: \$ 541.52

Check Date: 08/15/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0519143

Redaction Type: Other

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

Document Below

EO# 353821

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

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JUL 05 2018

HUMAN RESOURCES

ok to pay yff

Invoice

July 05, 2018

AP VERIFIED

Bill to: Michelle Olson Fzeminiski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

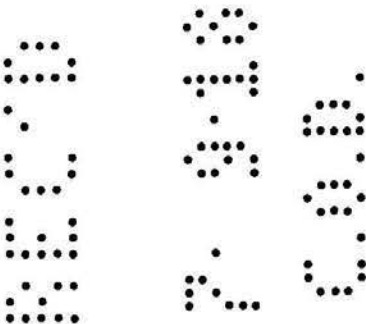
For: COD-College of DuPage  
18 Screenings

07/12/18 - BETHANY CRUSE

Invoice # 221941

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	05/31/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		Summary for [REDACTED]		32.00	0.00	0.00	32.00
Invoice # 221941 Balance Due:							32.00

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*



Cut and return with payment

Please remit 32.00 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 221941 on check

BO# 353821

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

ok to pay *[signature]*

RECEIVED

JUL 05 2018

Invoice  
July 05, 2018

HUMAN RESOURCES

Bill to: Michelle Olson Rzeminski  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

For: COD-College of DuPage  
06/18 Screenings

Invoice # 222262

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/05/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>[signature]</i> Summary for Lilianna K Austin XXX-XX-4939		32.00	0.00	0.00	32.00
80305	06/18/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>[signature]</i> Summary for Larry W Bost XXX-XX-9351		32.00	0.00	0.00	32.00
80305	06/20/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>[signature]</i> Summary for David L Keys XXX-XX-6419		32.00	0.00	0.00	32.00
80305	06/11/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>[signature]</i> Summary for Elizabeth L OBrien XXX-XX-5606		32.00	0.00	0.00	32.00
80305	06/05/2018	Rapid Drug Screen 5 Panel	1.00	32.00			32.00
		<i>[signature]</i> Summary for Thomas E Plummer XXX-XX-4944		32.00	0.00	0.00	32.00
92552	06/11/2018	Audiometry, Audioscope	1.00	15.94			15.94
95831	06/11/2018	Back and Lift Evaluation @ CDBH	1.00	71.40			71.40
99172	06/11/2018	Optec Vision (Screening)	1.00	37.50			37.50
99455	06/11/2018	Physical, Post Offer	1.00	38.25			38.25
		<i>[signature]</i> Summary for Brendan M Weaver XXX-XX-5421		163.09	0.00	0.00	163.09
				Invoice # 222262	Balance Due:		323.09

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*



Cut and return with payment

Please remit 323.09 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Please place invoice number 222262 on check



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087437  
Vendor Name: Pachs Ii/Cadence Occupational  
Invoice Number: 222058  
Invoice Date: 07/02/18  
PO Number: B0352965  
Check Number: 0238098  
Check Amount: \$ 541.52  
Check Date: 08/15/2018  
Department ID: 67001  
Reviewer Name:  
Voucher Number: V0521043  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

Invoice

Bo# 352965 FYE18

July 02, 2018

Bill to: Ms. Tobey Majack  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

**AP VERIFIED**

For: COD Truck Driving School  
6/18 Screenings

**07/18/18 - BETHANY CRUSE**

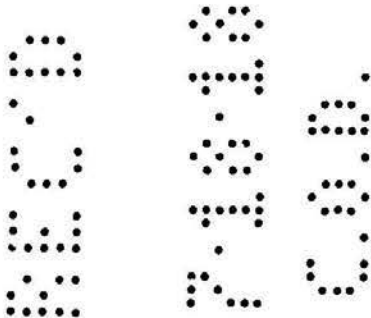
Invoice # 222058

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/01/2018	Drug screen, DOT panel	1.00	55.88			55.88
99455	06/01/2018	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

Invoice # 222058 Balance Due:

129.88

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***



APPROVED

JUL 11 2018



Cut and return with payment

Please remit **129.88** to

Please place invoice number **222058** on check

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 221883

Invoice Date: 07/02/18

PO Number: B0352965

Check Number: 0238098

Check Amount: \$ 541.52

Check Date: 08/15/2018

Department ID: 67001

Reviewer Name:

Voucher Number: V0521049

Redaction Type: Other

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

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

BoH 352965 (FYE18)

**AP VERIFIED** Invoice

July 02, 2018

Billed to: M. Obey Magack

COD Truck Driving School

301 S. Swift Rd. #6

Addison, IL 60101

COD Truck Driving School  
05/18 Screenings

Invoice # 221883

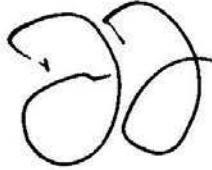
Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	05/31/2018	Drug screen, DOT panel	1.00	55.88			55.88
99455	05/31/2018	Physical, DOT	1.00	74.00			74.00
Summary for				129.88	0.00	0.00	129.88

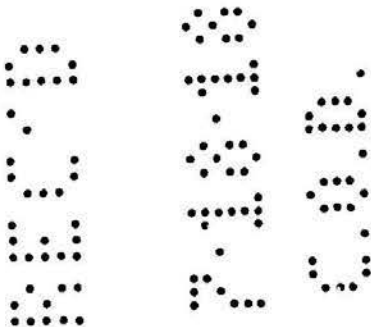
Invoice # 221883 Balance Due:

129.88

**\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\***

APPROVED

 JUL 11 2018



Cut and return with payment

Please remit **129.88** to

Please place invoice number **221883** on check

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087437

Vendor Name: Pachs Ii/Cadence Occupational

Invoice Number: 221912

Invoice Date: 07/02/18

PO Number: B0352965

Check Number: 0238098

Check Amount: \$ 541.52

Check Date: 08/15/2018

Department ID: 67001

Reviewer Name:

Voucher Number: V0521050

Redaction Type: Other

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

Document Below

Northwestern Medicine Occupational Health  
245 South Gary Ave., Ste 208  
Bloomington, IL 60108  
Phone: 630-894-8404  
FEIN: 363887234

Invoice  
July 02, 2018

Bo# 352965 FYE18

Bill to: Ms. Tobey Majack  
COD Truck Driving School  
301 S. Swift Rd. #6  
Addison, IL 60101

For: COD Truck Driving School  
06/18 Screenings

**AP VERIFIED**  
**07/18/18 - BETHANY CRUSE**

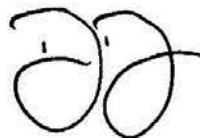
Invoice # 221912

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	06/12/2018	Drug screen, DOT panel	1.00	55.88			55.88
		Summary for [REDACTED]		55.88	0.00	0.00	55.88
80305	06/04/2018	Drug screen, DOT panel	1.00	55.88			55.88
99455	06/04/2018	Physical, DOT	1.00	74.00			74.00
		Summary for [REDACTED]		129.88	0.00	0.00	129.88

Invoice # 221912 Balance Due: 185.76

\*\*Payment due upon receipt\*\* Please call 630-315-6278 to pay by CC\*\*

APPROVED



JUL 11 2018



Cut and return with payment

Please place invoice number 221912 on check

Please remit 185.76 to

PAHCS II/Northwestern Med Occ Health  
Dept 4086  
Carol Stream, IL 60122-4086  
Phone: 630-539-5217