

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1036518
Vendor Name: Central Dupage Hospital Associ
Invoice Number: BO358955
Invoice Date: 08/15/18
PO Number: B0358955
Check Number: 0238323
Check Amount: \$ 15,120.00
Check Date: 08/21/2018
Department ID: 00181
Reviewer Name:
Voucher Number: V0523593
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



NW MEDICINE

INVOICE

Central DuPage Hospital
Emergency Medical Services System
Paramedic Education Program

DATE: AUGUST 15, 2018

TO:

Mr. Daniel Krakora
College of DuPage
Fire Science Manager
425 Fawell Blvd.
HEC 1018
Glen Ellyn, Illinois 60137

FOR:

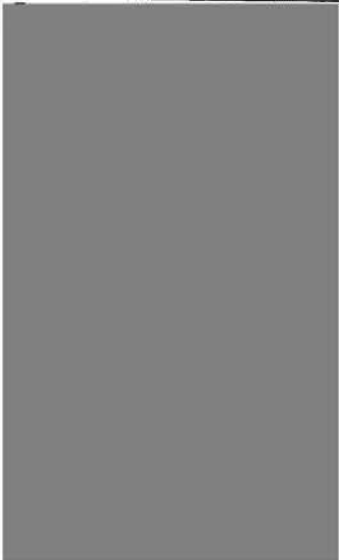
Paramedic Education Program Tuition
Section III
Invoice #3

MAIL:

Central DuPage Hospital EMS Office
Attention: Tiffani Clausen, Program Director
25 N. Winfield Rd.
Winfield, IL 60190

College of DuPage class code: Fire 2276-755

DUE WITHIN 30 DAYS

Description		Amount
Student Name		8 credits @ \$135/Credit Hour
		\$1080 each student x 14
		25200
	<div>AP VERIFIED</div> <div>08/20/18 - MARIA ZERRUDO</div>	
	Total Invoice	

Blanket PO# 358955

OK to Pay
[Signature]
8/15/18

[Signature]
Marianne Harnicutt

BL#: 01-10-00181-5308001