

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188852
Vendor Name: Athletico Management Llc
Invoice Number: 815491
Invoice Date: 05/31/18
PO Number: B0359106
Check Number: E0068718
Check Amount: \$ 2,765.75
Check Date: 08/15/2018
Department ID: 17100
Reviewer Name: None
Voucher Number: V0523052
Redaction Type: None
Document Type: AP Invoice

Document Below

From: smithb244@cod.edu
Sent: Mon Aug 13 12:19:13 CDT 2018
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Athletico Management LLC
PO Box 74007019
Chicago, IL 60674-7019

ATHLETICO

PHYSICAL THERAPY

FEIN 46-5605707
(630) 575-6230

Invoice

DATE	Invoice #
5/31/2018	815491

Company

AMH

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

Description
ATC: Hinley/Smith

Terms

Due Upon Receipt

Description	Quantity:	Rate:	Amount
ATC: 5.6-6.2.18	149.50	18.50	2,765.75
<div>APPROVED 08/14/18 - DANIELLE CLINE</div>			
PO # 359106			
		Total	2,765.75