

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084244

Vendor Name: Dupage Medical Group

Invoice Number: 2015-1

Invoice Date: 10/11/18

PO Number:

Check Number: 0241590

Check Amount: \$ 75.00

Check Date: 10/17/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0533993

Redaction Type: None

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

Document Below

**Gonzalez, Colleen**

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**From:** acctpay@cod.edu  
**Sent:** Thursday, October 11, 2018 8:07 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0533993

----- WARNINGS -----

The invoice number has already been entered on a voucher for this vendor

----- END of WARNINGS -----

Voucher Number V0533993  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

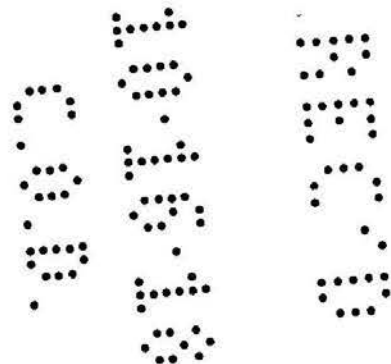
Voucher Date 10/11/18  
Due Date 10/12/18  
Vendor ID and/or Name 1084244 Dupage Medical Group  
AP Type IM Invoices < \$15,000  
Voucher Total \$75.00

ITEM 1

Item Description DMIR clinicals Fall 2018 - Malloy  
Quantity 2.000  
Price \$15.0000  
Extended Price \$30.00  
GL Distribution 01-10-00253-5308001

ITEM 2

Item Description DMIR clinicals Fall 2018 - Vargas  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00253-5308001



**AP VERIFIED**  
**10/17/18 - MARIA ZERRUDO**

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

*Marianne Hunnicutt* 10/15/18  
Marianne Hunnicutt

# INVOICE

DuPage Medical Group  
Attn: Finance Suite 300  
1100 31<sup>st</sup> St.  
Downers Grove, IL, 60515

INVOICE # 2015-1  
Date:

TO Colleen Prola Gonzalez  
College of DuPage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
Phone: 630-942-2349  
E-mail: prolac@cod.edu

| MODALITY               | PAYMENT TERMS  | DUE DATE          |
|------------------------|----------------|-------------------|
| DMG X-ray Dept-006-596 | Due on receipt | November 15, 2018 |

| DATE OF SEMESTER | DESCRIPTION  | UNIT PRICE | LINE TOTAL |
|------------------|--|------------|------------|
| Fall 2018        | 1st Yr Student Malloy, 2 credit hour X \$15/hr             | 15         | \$30       |
| fall 2018        | 2 <sup>nd</sup> Yr Student Vargas, 3 credit hour x \$15/hr | 15         | \$45       |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  |  |            |            |
|                  | Subtotal   | 30         | \$75       |
| SALES TAX        |  |            | NA         |
| TOTAL            |  |            | \$75       |
|                  |  |            |            |

Make all checks payable to: DuPage Medical Group  
THANK YOU FOR YOUR BUSINESS!

*Marianne Hunnicutt* 10/13/18  
Marianne Hunnicutt