

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1182046

Vendor Name: Edward Occupational Health

Invoice Number: 00067894-00

Invoice Date: 04/10/18

PO Number:

Check Number: 0241594

Check Amount: \$ 20.00

Check Date: 10/17/2018

Department ID: 00225

Reviewer Name:

Voucher Number: V0529092

Redaction Type: Other

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

Document Below

**Chiavola, Jennifer**

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**From:** acctpay@cod.edu  
**Sent:** Tuesday, September 25, 2018 4:17 PM  
**To:** Chiavola, Jennifer  
**Subject:** Voucher Confirmation: V0529092

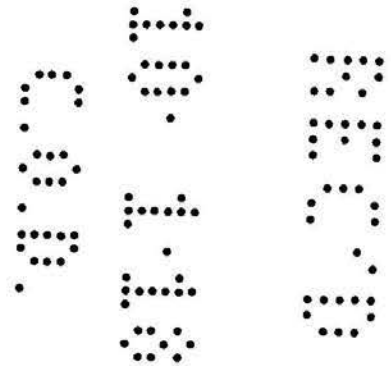
Voucher Number V0529092  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jennifer L. Chiavola

**AP VERIFIED**  
**10/01/18 - MARIA ZERRUDO**

Voucher Date 09/25/18  
Due Date 10/01/18  
Vendor ID and/or Name 1182046 Edward Occupational Health  
DBA Edward Occupational Health  
AP Type IM Invoices < \$15,000  
Voucher Total \$20.00

ITEM 1  
Item Description Faculty Clinical Health Requirements  
Quantity 1.000  
Price \$20.0000  
Extended Price \$20.00  
GL Distribution 01-10-00225-5308001



**COMMENTS**

**APPROVAL**

**DATE**

*Dr. Debra Gurney 9-29-18*

**NEXT APPROVALS**

*Dr. Debra Gurney*

Edward Occupational Health  
29027 Network Place  
Chicago, IL 60673-129  
Telephone (331)221-6089

# Invoice

Page: 1

Invoice No.	Date
00067894 - 00	04/10/2018

**Bill To:**

College Of Dupage Health & Sciences  
Vendor#1182046  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6599

**Amount Due: \$20.00**

**Federal ID: 36-3297173**

**Account: COD**

**Terms: Net due in 30 days**

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
04/05/2018	Lab - Hep B Antibody	1.00	\$50.00	\$30.00			\$20.00
	Specimen						
<b>Sub-Total for</b>							<b>\$20.00</b>

**Clinic Code: EDNP**

**\*\*INVOICE NUMBER MUST ACCOMPANY PAYMENT TO  
ENSURE PROPER PAYMENT PROCESSING\*\***

**Account COD**

College Of Dupage Health & Sciences

**Remit To:**

Edward Occupational Health  
29027 Network Place  
Chicago, IL 60673-129  
Telephone (331)221-6089

If Paying by Credit Card, fill out below

AMEX <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

**TOTAL DUE:**

**\$20.00**

**Invoice 00067894-00 Date 4/10/2018**

**Thank You**