

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1088729

Vendor Name: Presence Hospitals PRV

Invoice Number: #000

Invoice Date: 10/09/18

PO Number:

Check Number: 0241715

Check Amount: \$ 50.00

Check Date: 10/17/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0530444

Redaction Type: None

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

Document Below

Gonzalez, Colleen

From: acctpay@cod.edu
Sent: Tuesday, October 09, 2018 9:39 AM
To: Gonzalez, Colleen
Subject: Voucher Confirmation: V0530444

Voucher Number V0530444

Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen Gonzalez

Voucher Date 10/09/18

Due Date 10/10/18

Vendor ID and/or Name 1088729 Presence Hospitals PRV

D/B/A Presence Mercy Medical Center

AP Type IM Invoices < \$15,000

Voucher Total \$50.00

AP VERIFIED

10/11/18 - BETHANY CRUSE

ITEM 1

Item Description Fall 2018 Mammo clinical.-E. Kuchenbecke

Quantity 1.000

Price \$50.0000

Extended Price \$50.00

GL Distribution 01-10-00253-5308001

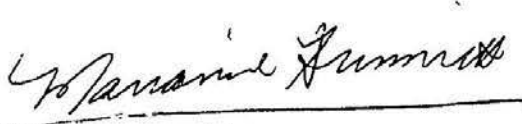
COMMENTS

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

APPROVAL

DATE

NEXT APPROVALS

 10/9/18
Marianne Honnig
01-

INVOICE

INVOICE # 000
DATE: OCTOBER 8, 2018

Presence Mercy Medical Center
Breast Imaging
1325 N Highland Avenue
Aurora, IL 60506

Contact: Joanna Olson, RT (R)(M)
Phone: 630-801-2722
Fax: 630-801-5546
E-Mail: joanna.olson@presencehealth.org

TO Colleen Prola
College of DuPage
Administrative Assistant, Health and Sciences Division
Room HS1220
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
Fax: 630-858-5409
E-mail: prolac@cod.edu

MODALITY	DUE DATE
Mammography	Due on Receipt

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Emily Kuchenbecker <i>Marianne Hunnicutt 10/9/18</i> Marianne Hunnicutt 01-10-00253-5308001	50	50
SUBTOTAL			\$50
SALES TAX			NA
TOTAL			\$50

Make all checks payable to: Presence Mercy Medical Center