

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1555600

Vendor Name: Alexian Brothers Ambulatory Gr

Invoice Number: 662489

Invoice Date: 09/30/18

PO Number: B0359764

Check Number: E0070035

Check Amount: \$ 465.00

Check Date: 10/31/2018

Department ID: 00797

Reviewer Name:

Voucher Number: V0535492

Redaction Type: Other

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

Document Below



✓535492

AMITA Health Medical Group
25466 Network Place
Chicago, IL 60673-1254

RECEIVED

OCT 16 2018

HUMAN RESOURCES
Invoice

September 30, 2018

Bill to: Michelle Olson Rzeminski
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-

For: College of DuPage
US Screening 9/2018
Please print and have Mia approve

Invoice # 662489

Specimen ID
2049249148

RETURN TO SIGNER
APPROVAL STAMP REQUIRED
STAMP AND CLICK COMPLETE

Charge	Receipt	Adjust	Balance
09/18/2018 5 Panel Rapid Drug Screen 1.00			45.00
Summary for Gabrielle Rich XXX-XX-0169	45.00	0.00	0.00
09/21/2018 Physical Exam Occupational Health 1.00			50.00
09/21/2018 Back Evaluation/Lift Test 1.00			45.00
	95.00	0.00	0.00
			95.00

Invoice # 662489 Balance Due:

140.00

INVOICE REVIEWED
OKAY TO PAY
JACQUELYN CAMPAGNOLO 10/22/18
AP VERIFIED
10/25/18 - MARIA ZERRUDO

Approved

Mia Igiano



Cut and return with payment

Please remit 140.00 to

Please place invoice number 662489 on check

Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555600
Vendor Name: Alexian Brothers Ambulatory Gr
Invoice Number: 663233
Invoice Date: 09/30/18
PO Number: B0359764
Check Number: E0070035
Check Amount: \$ 465.00
Check Date: 10/31/2018
Department ID: 00797
Reviewer Name:
Voucher Number: V0535494
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

V535494

RECEIVED

OCT 15 2018

Please print and Mia approve

Invoice

September 30, 2018

HUMAN RESOURCES

Bill to: Michelle Olson Rzeminski
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-

For: College of DuPage
09/18 bv screenings

Invoice # 663233

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
80305	09/12/2018	S Panel Rapid Drug Screen	1.00	45.00			45.00
99201	09/12/2018	Initial Health Screen	1.00	50.00			50.00
99450	09/12/2018	Initial Health Screen		45.00			45.00

**RETURN TO SIGNER
APPROVAL STAMP REQUIRED
STAMP AND CLICK COMPLETE**

Due:

140.00

Invoice # 663233 Balance Due:

140.00

**AP VERIFIED
10/25/18 - MARIA ZERRUDO**

**INVOICE REVIEWED
OKAY TO PAY
JACQUELYN CAMPAGNOLO 10/22/18**

Approved

Mia Iovanzo

Cut and return with payment

Please remit 140.00 to

Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

Please place invoice number 663233 on check

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555600
Vendor Name: Alexian Brothers Ambulatory Gr
Invoice Number: 662307
Invoice Date: 09/30/18
PO Number: B0359764
Check Number: E0070035
Check Amount: \$ 465.00
Check Date: 10/31/2018
Department ID: 00797
Reviewer Name:
Voucher Number: V0535495
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

V535495

RECEIVED

OCT 15 2018

Please print and Mia approve.

HUMAN RESOURCES

Invoice
September 30, 2018

Bill to: Michelle Olson Rzeminski
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-

For: College of DuPage
addison screenings 9/18

Invoice # 662307

Proc Code	Description	Qty	Charge	Receipt	Adjust	Balance
80305	09/08/2018 5 Panel Rapid Drug Screen	1.00	45.00			45.00
						45.00
80305	09/02/2018 5 Panel Rapid Drug Screen	1.00	45.00			45.00
						45.00
99201	09/10/2018 Physical Exam Occupational Health	1.00	50.00			50.00
99450	09/10/2018 Back Evaluation/Lift Test	1.00	45.00			45.00
						95.00
						185.00

AP VERIFIED
10/25/18 - MARIA ZERRUDO

INVOICE REVIEWED
OKAY TO PAY
JACQUELYN CAMPAGNOLO 10/22/18

Cut and return with payment

Please place invoice number 662307 on check

Please remit 185.00 to Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

Approved

Mia Igyarto