

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 147

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0540338

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 25, 2018 8:41 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540338

Voucher Number V0540338  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$525.00

### ITEM 1

Item Description DMIR Fall 2018 clinical 2nd yr students  
Quantity 7.000  
Price \$45.0000  
Extended Price \$315.00  
GL Distribution 01-10-00253-5308001

### ITEM 2

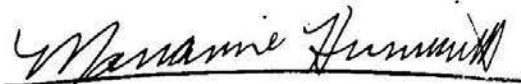
Item Description DMIR Fall 2018 clinical 1st yr students  
Quantity 7.000  
Price \$30.0000  
Extended Price \$210.00  
GL Distribution 01-10-00253-5308001

COMMENTS

APPROVAL

NEXT APPROVALS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**

  
Marianne Honnicutt

Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 147  
Date: October 8, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
DMIR-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	2nd Yr. Student Charity Hayes, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Demetria Korpan, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Stephanie Kundtz, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Hannah Hull-Sansone, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Harrison Tseng, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Jessica Kuenster, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Victoria DiMonte, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	1st Yr. Student Adam Petersdorf, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Ariana Georganas, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Danielle Fisher, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Emma Rice, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Jackie Dickinson, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Laura Baskyte, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Olivia Bumar, 2 credit hour X \$15/hr.	30	\$30
Subtotal		525	\$525.00
Sales Tax		NA	
Total		525.00	\$525.00

*Marianne Hunnicutt*  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
**THANK YOU FOR YOUR BUSINESS!**

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 148

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0540339

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 25, 2018 8:42 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540339

Voucher Number V0540339  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$600.00

### ITEM 1

Item Description DMIR Elmhurst Fall 2018 clinical 2nd yr  
Quantity 8.000  
Price \$45.0000  
Extended Price \$360.00  
GL Distribution 01-10-00253-5308001

### ITEM 2

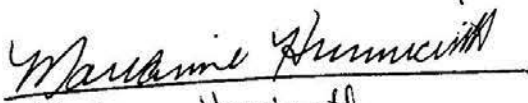
Item Description DMIR Elmhurst Fall 2018 clinical 1st yr  
Quantity 8.000  
Price \$30.0000  
Extended Price \$240.00  
GL Distribution 01-10-00253-5308001

COMMENTS

APPROVAL

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**  
DATE

NEXT APPROVALS

  
Marianne Hunnicutt

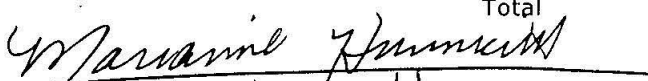
Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 148  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
DMIR-Elmhurst	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	2nd Yr. Student Sean Weber, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Joseph Gagliardi, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student David Uthupan, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Patrick Wittmann, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Michael Barrera, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Dorothy Buttgerreit, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Jordan Jessen, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	2nd Yr. Student Verena Uribe-Habon, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	1st Yr. Student Stephanie Quezada, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Jorge Hernandez, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Amanda Harrison, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Patricia Staggs, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Allison Quinn, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Jennifer Ferrarini, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Cheyenne Phillips, 2 credit hour X \$15/hr.	30	\$30
Fall 2018	1st Yr. Student Jordan Andrew Farnon, 2 credit hour X \$15/hr.	30	\$30
	Subtotal	600	\$600.00
	Sales Tax	NA	
	Total	600.00	\$600.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
**THANK YOU FOR YOUR BUSINESS!**

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 153

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00157

Reviewer Name:

Voucher Number: V0540340

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 25, 2018 8:45 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540340

Voucher Number V0540340  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$45.00

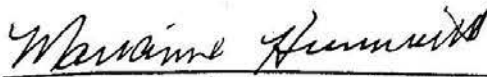
ITEM 1  
Item Description DMIS Edward Fall 2018 clinical E. Blazin  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00157-5308001

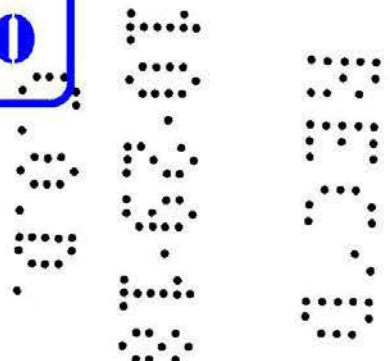
COMMENTS

APPROVAL

NEXT APPROVALS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**  
DATE

  
Marianne Hunnicutt





Edward-Elmhurst  
HEALTH

Healthy Driven

# INVOICE


Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 153  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
US-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Erin Blazina, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	45	\$45.00
	Sales Tax	NA	
	Total	45.00	\$45.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
THANK YOU FOR YOUR BUSINESS!

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 154

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00157

Reviewer Name:

Voucher Number: V0540341

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 25, 2018 8:46 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540341

Voucher Number V0540341  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$45.00

**ITEM 1**

Item Description DMIS Elmhurst 2018Fa clinical J. Barnes  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00157-5308001

COMMENTS

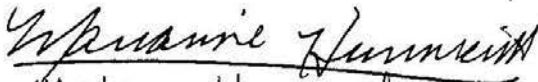
**AP VERIFIED**

**10/30/18 - MARIA ZERRUDO**

APPROVAL

DATE

NEXT APPROVALS

  
Marianne Hunnicutt

Edward-Elmhurst  
HEALTH

Healthy Driven

# INVOICE


Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 154  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
US-Elmhurst	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Jessica Barnes, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	45	\$45.00
	Sales Tax	NA	
	Total	45.00	\$45.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
**THANK YOU FOR YOUR BUSINESS!**

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 151

Invoice Date: 10/09/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00255

Reviewer Name:

Voucher Number: V0540342

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 25, 2018 8:47 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540342

Voucher Number V0540342  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

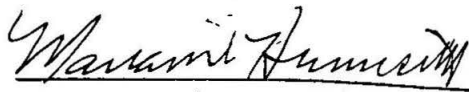
Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$45.00

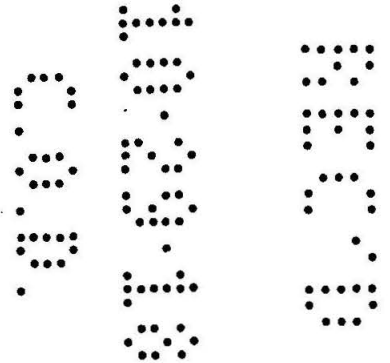
ITEM 1  
Item Description MRI Edward Fall 2018 clinical A. Capone  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00255-5308001

COMMENTS

APPROVAL                      DATE

NEXT APPROVALS

  
Marianne Hunnicutt



Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

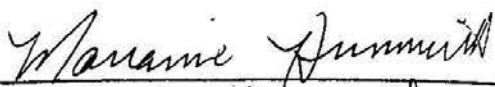
INVOICE # 151  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
MRI-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Anthony Capone, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	45	\$45.00
	Sales Tax	NA	
	Total	45.00	\$45.00

**AP VERIFIED**  
**10/29/18 - MARIA ZERRUDO**

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
THANK YOU FOR YOUR BUSINESS!

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 152

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00255

Reviewer Name:

Voucher Number: V0540343

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 25, 2018 8:48 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540343

Voucher Number V0540343  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$45.00

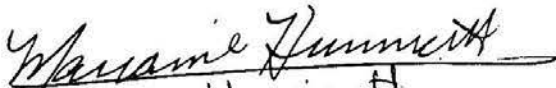
ITEM 1  
Item Description MRI Elmhurst Fal 2018 clinical A. Joy  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00255-5308001

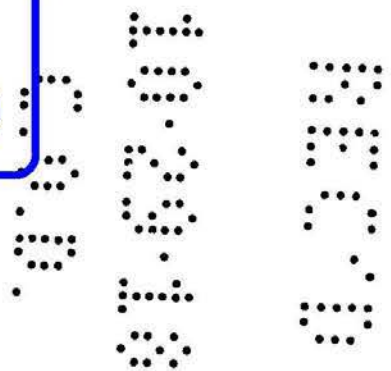
COMMENTS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**

APPROVAL DATE

NEXT APPROVALS

  
Marianne Hummuth



# INVOICE

Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 152  
Date: October 9, 2018

**TO** Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
MRI-Elmhurst	Due on receipt	October 22, 2018

[illegible]

Make all checks payable to: Edward Elmhurst Health  
**THANK YOU FOR YOUR BUSINESS!**

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 155

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0540344

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 25, 2018 8:49 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540344

Voucher Number V0540344  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$45.00

ITEM 1  
Item Description Nuc Med Edward Fall 2018 clinical M.Khan  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01 10 00221 5308001

**AP VERIFIED**

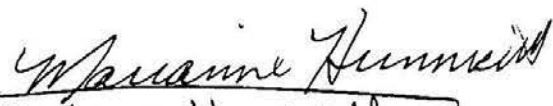
COMMENTS

**10/30/18 - MARIA ZERRUDO**

APPROVAL

DATE

NEXT APPROVALS

  
Marianne Hennicott

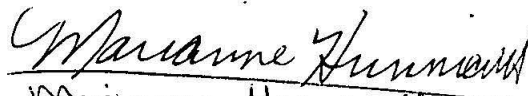
Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 155  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
Nuclear Medicine-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Mahwish Khan, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	45	\$45.00
	Sales Tax	NA	
	Total	45.00	\$45.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health

THANK YOU FOR YOUR BUSINESS!

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 149

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0540345

Redaction Type: None

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

Document Below

**Gonzalez, Colleen**

---

**From:** acctpay@cod.edu  
**Sent:** Thursday, October 25, 2018 8:50 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540345

Voucher Number V0540345  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$90.00

ITEM 1  
Item Description CT Edward Fall 2018 clinical J. Kaur  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00221-5308001

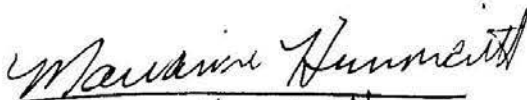
ITEM 2  
Item Description CT Edward Fall 2018 clinical C. Ornelas  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00221-5308001

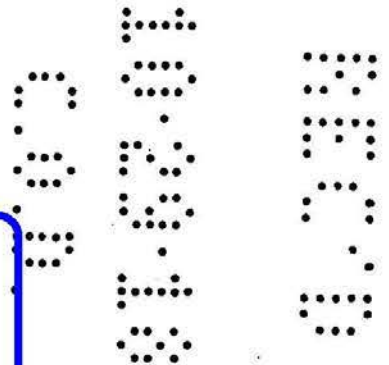
COMMENTS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**

APPROVAL DATE

NEXT APPROVALS

  
Marianne Hunnicutt



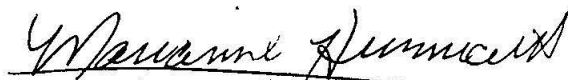
Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 149  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
CT-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Jasdip Kaur, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	Student Carla Ornelas, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	90	\$90.00
	Sales Tax	NA	
	Total	90.00	\$90.00

  
Marianne Hennicutt

Make all checks payable to: Edward Elmhurst Health  
THANK YOU FOR YOUR BUSINESS!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 150

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0540346

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 25, 2018 8:51 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540346

Voucher Number V0540346  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$90.00

**ITEM 1**

Item Description CT Elmhurst Fall 2018 clinical T. Heins  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00221-5308001

**ITEM 2**

Item Description CT Elmhurst Fall 2018 clinical I. Vega  
Quantity 3.000  
Price \$15.0000  
Extended Price \$45.00  
GL Distribution 01-10-00221-5308001

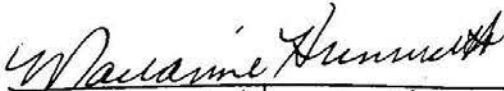
COMMENTS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**

APPROVAL

DATE

NEXT APPROVALS

  
Marianne Hunnicutt

Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 150  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
CT-Elmhurst	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Tim Heins, 3 credit hour X \$15/hr.	45	\$45
Fall 2018	Student Ivan Vega, 3 credit hour X \$15/hr.	45	\$45
	Subtotal	90	\$90.00
	Sales Tax	NA	
	Total	90.00	\$90.00

*Marianne Hunnicutt*  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
THANK YOU FOR YOUR BUSINESS!

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 156

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0540347

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 25, 2018 8:53 AM  
**To:** Gonzalez, Colleen  
**Subject:** Voucher Confirmation: V0540347

Voucher Number V0540347  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$100.00

### ITEM 1

Item Description Mammo Edward Fall 2018 clinical V.Lab  
Quantity 1.000  
Price \$50.0000  
Extended Price \$50.00  
GL Distribution 01-10-00253-5308001

### ITEM 2

Item Description Mammo Edward Fall 2018 clinical A. Lynch  
Quantity 1.000  
Price \$50.0000  
Extended Price \$50.00  
GL Distribution 01-10-00253-5308001

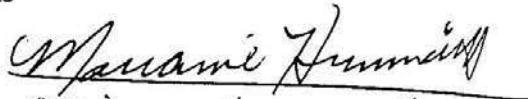
COMMENTS

**AP VERIFIED**  
**10/30/18 - MARIA ZERRUDO**

APPROVAL

DATE

NEXT APPROVALS

  
Marianne Hunnicutt

Edward-Elmhurst  
HEALTH

Healthy Driven

# INVOICE

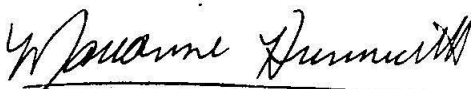
Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 156  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
Mammography-Edward	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Viktorija Labanauskaite	50	\$50
Fall 2018	Student Arwen Lynch	50	\$50
	Subtotal	100	\$100.00
	Sales Tax	NA	
	Total	100.00	\$100.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
THANK YOU FOR YOUR BUSINESS!

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1195554

Vendor Name: Edward Health Services Corp

Invoice Number: 157

Invoice Date: 10/25/18

PO Number:

Check Number: E0070046

Check Amount: \$ 1,680.00

Check Date: 10/31/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0540348

Redaction Type: None

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

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## Gonzalez, Colleen

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**To:** Gonzalez, Colleen  
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Voucher Number V0540348  
Voucher Status. In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 10/25/18  
Due Date 10/26/18  
Vendor ID and/or Name 1195554 Edward Health Services Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$50.00

ITEM 1  
Item Description Mammo Elmhurst Fall 2018 clinical M.Cies  
Quantity 1.000  
Price \$50.0000  
Extended Price \$50.00  
GL Distribution 01-10-00253-5308001

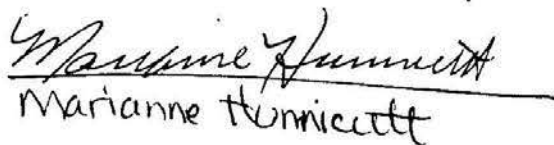
COMMENTS

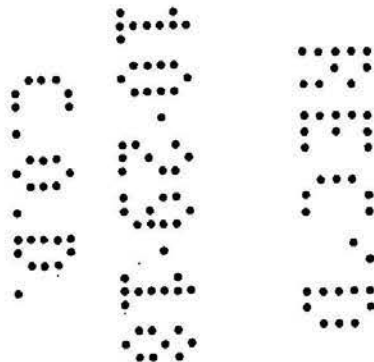
**AP VERIFIED**

**10/30/18 - MARIA ZERRUDO**

APPROVAL DATE

NEXT APPROVALS

  
Marianne Hunnicutt





Edward-Elmhurst  
HEALTH

Healthy Driven

# INVOICE

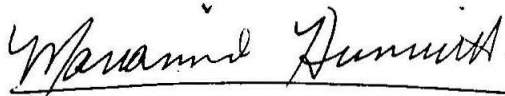
Edward Elmhurst Health  
801 S. Washington Street  
Naperville, IL 60540

INVOICE # 157  
Date: October 9, 2018

TO Jessica Lang  
College of DuPage  
Program Support Specialist, Health and Sciences Division  
425 Fawell Boulevard, Room HS1220  
Glen Ellyn, IL 60137

MODALITY	PAYMENT TERMS	DUE DATE
Mammography-Elmhurst	Due on receipt	October 22, 2018

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2018	Student Melissa Ciesla	50	\$50
	Subtotal	50	\$50.00
	Sales Tax	NA	
	Total	50.00	\$50.00

  
Marianne Hunnicutt

Make all checks payable to: Edward Elmhurst Health  
**THANK YOU FOR YOUR BUSINESS!**