

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1244559

Vendor Name: Kishwaukee Community Hospital

Invoice Number: 000 10/24/18

Invoice Date: 10/24/18

PO Number:

Check Number: E0070057

Check Amount: \$ 50.00

Check Date: 10/31/2018

Department ID: 00253

Reviewer Name:

Voucher Number: V0540304

Redaction Type: None

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

Document Below

Gonzalez, Colleen

From: acctpay@cod.edu
Sent: Wednesday, October 24, 2018 3:41 PM
To: Gonzalez, Colleen
Subject: Voucher Confirmation: V0540304

Voucher Number V0540304
Voucher Status In Progress (Unfinished)
Requestor Name Ms Colleen E. Gonzalez

AP VERIFIED
10/30/18 - BETHANY CRUSE

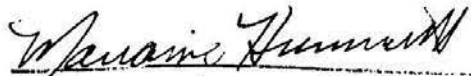
Voucher Date 10/24/18
Due Date 10/26/18
Vendor ID and/or Name 1244559 Kishwaukee Community Hospital
AP Type IM Invoices < \$15,000
Voucher Total \$50.00

ITEM 1
Item Description Mammography Fall 2018 clinical
Quantity 1.000
Price \$50.0000
Extended Price \$50.00
GL Distribution 01-10-00253-5308001

COMMENTS

APPROVAL DATE

NEXT APPROVALS



Marianne Hunnicutt

253

INVOICE

INVOICE # 000
DATE: OCTOBER 24, 2018

Kishwaukee Hosptial,
Northwestern Medicine
One Kish Hosptial Drive
DeKalb, IL 60115

Jill Lavender, Leah Mammographer
Phone: 815-756-1521 ext 153456
Fax: 815-748-8329
E-Mail: Jill.Lavender@NM.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	Jennifer Baret	50	50

Marianne Hunnicutt
Marianne Hunnicutt

SUBTOTAL	\$50
SALES TAX	NA
TOTAL	\$50

Make all checks payable to: Clinical Site Name