

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1036518  
Vendor Name: Central Dupage Hospital Associ  
Invoice Number: 110518  
Invoice Date: 11/05/18  
PO Number: B0358955  
Check Number: 0244454  
Check Amount: \$ 14,144.00  
Check Date: 11/14/2018  
Department ID: 00181  
Reviewer Name:  
Voucher Number: V0541779  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



REC'D

INVOICE

Central DuPage Hospital  
Emergency Medical Services System  
Paramedic Education Program

11.6.18

DATE: NOVEMBER 5, 2018

**TO:**

Mr. Daniel Krakora  
College of DuPage  
Fire Science Manager  
425 Fawell Blvd.  
HEC 1018  
Glen Ellyn, Illinois 60137

CO. FOR:

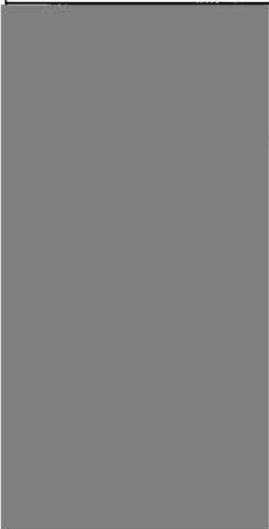
Paramedic Education Program Tuition  
Section IV  
Invoice #4

**MAIL:**

Central DuPage Hospital EMS Office  
Attention: Tiffani Clausen, Program Director  
25 N. Winfield Rd.  
Winfield, IL 60190

College of DuPage class code: Fire 2277-755

**DUE WITHIN 30 DAYS**

Description		Amount
Student Name		8 credits @ \$136/Credit Hour
		\$1088 each student x 13
		<div><b>AP VERIFIED</b> <b>11/07/18 - MARIA ZERRUDO</b></div>
Total Invoice		\$14,144.00

OK to pay *[Signature]* Daniel Krakora 11/5/18  
Blanket PO# 358955

*Dr. Debra Gurney 11-5-18*

*Debra Gurney*

*GL# 01-10-00181-5308001*