

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1182046

Vendor Name: Edward Occupational Health

Invoice Number: 00085527-00

Invoice Date: 10/31/18

PO Number:

Check Number: 0244490

Check Amount: \$ 48.00

Check Date: 11/14/2018

Department ID: 00225

Reviewer Name:

Voucher Number: V0541422

Redaction Type: Other

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

Document Below

Chiavola, Jennifer

From: acctpay@cod.edu
Sent: Monday, November 05, 2018 4:47 PM
To: Chiavola, Jennifer
Subject: Voucher Confirmation: V0541422

Voucher Number V0541422
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jennifer L. Chiavola

Voucher Date 11/05/18
Due Date 11/15/18
Vendor ID and/or Name 1182046 Edward Occupational Health
DBA Edward Occupational Health
AP Type IM Invoices < \$15,000
Voucher Total \$48.00

ITEM 1
Item Description Clinical Health Requirments
Quantity 1.000
Price \$48.0000
Extended Price \$48.00
GL Distribution 01-10-00225-5308001

AP VERIFIED
11/07/18 - MARIA ZERRUDO

COMMENTS

Dr. Debra Gurney 11-5-18
APPROVAL DATE
Dr. Debra Gurney; Dean Nursing & Health Sciences
NEXT APPROVALS

Edward Occupational Health
29027 Network Place
Chicago, IL 60673-129
Telephone (331)221-6089

Invoice

Page: 1

Invoice No.	Date
00085527 -00	10/31/2018

Bill To:

College Of Dupage Health & Sciences
Vendor#1182046
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Amount Due: \$48.00

Federal ID: 36-3297173

Account: COD

Terms: Net due in 30 days

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
10/24/2018	Physical Exam - Basic	1.00	\$60.00	\$12.00			\$48.00
Sub-Total for							\$48.00

Clinic Code: EDBB

Dr. Debra Gurney 11-5-18
Dr. Debra Gurney
Dean - Nursing + Health Sciences

****INVOICE NUMBER MUST ACCOMPANY PAYMENT TO
ENSURE PROPER PAYMENT PROCESSING****

Account COD College Of Dupage Health & Sciences

Remit To:

Edward Occupational Health
29027 Network Place
Chicago, IL 60673-129
Telephone (331)221-6089

If Paying by Credit Card, fill out below

AMEX <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

TOTAL DUE: \$48.00

Invoice 00085527 -00 Date 10/31/2018

Thank You