

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1424736

Vendor Name: Commission on Accreditation fo

Invoice Number: ANL2484

Invoice Date: 11/03/18

PO Number: P0361238

Check Number: E0070307

Check Amount: \$ 2,750.00

Check Date: 11/14/2018

Department ID: 00429

Reviewer Name:

Voucher Number: V0542036

Redaction Type: None

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

Document Below



Commission on Accreditation for Health Informatics and Information Management Education

233 N. Michigan Ave., 21st Floor

Chicago, IL 60601-5800

Phone: 312-233-1548 Fax: 312-233-1948 Email: accounting@cahiim.org

Invoice

Invoice Number	ANL2484
Date	11/3/2018
Terms	Net 60

Bill To

Joyce Graves, RHIA
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137

Please make checks payable and send to:

CAHIIM
734141 Network Place
Chicago, IL. 60673-1734

Pot# 361 238

Program
Associate - 506

Description	Amount
2019 Annual Accreditation Fee	2,750.00
<div>AP VERIFIED 11/09/18 - MARIA ZERRUDO</div>	
Total	\$2,750.00

Dr. Debra Gurney 11-6-18
Debra Gurney
GL#: 01-20-00429-S406002