

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188852
Vendor Name: Athletico Management Llc
Invoice Number: 816524
Invoice Date: 10/31/18
PO Number: B0359106
Check Number: E0070513
Check Amount: \$ 6,665.69
Check Date: 11/21/2018
Department ID: 17100
Reviewer Name: Danielle Cline
Voucher Number: V0542642
Redaction Type: None
Document Type: AP Invoice

Document Below

Athletico Management LLC
PO Box 74007019
Chicago, IL 60674-7019

ATHLETICO

PHYSICAL THERAPY

FEIN 46-5605707

(630) 575-6230

Invoice

DATE	Invoice #
10/31/2018	816524

Company

AMH

Danielle Cline
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

Description

ATC: Smith, Stavnes, Veach

Terms

Due Upon Receipt

Description	Quantity:	Rate:	Amount
ATC 10.7-11.3.18	341.83	19.50	6,665.69
APPROVED 11/20/18 - DANIELLE CLINE			
APPROVED 11/20/18 - GREGORY MCVEY			
P.O. 355106 Due to pay A.C.			
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			
Total			6,665.69