

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1472294

Vendor Name: CHC Wellness, Inc

Invoice Number: F3528.02

Invoice Date: 11/15/18

PO Number:

Check Number: E0070522

Check Amount: \$ 9,210.00

Check Date: 11/21/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0542715

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 11/14/2018
Vendor ID: 1472294

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
F3528.02	CHCW - Flu Shots	01	90	00835	5209002	Immunizations	\$ 9,210.00

Grand Total \$ 9,210.00

--- \$1,000 and Greater Approval of Division Vice President Required

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

11/16/18 - MARIA ZERRUDO

Payee Name: CHC Wellbeing
5440 N. Cumberland Ave
Suite 225
Payee Address: Chicago, IL 60656

Other
Instructions:

Description on Check:

October Flu Shots

Approvals:

Prepared By: Lisa O'Reilly
Signature: [Signature]
Payment Due: ASAP
Board Approved Date: _____

Approved By: Beth O'Brien Date: 11/14/18
Signature: [Signature]
Approved By: Mia Igyarto Date: 11/15/18
Signature: [Signature]
Approved By Division Vice: [Signature] Date: 11/15/18

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



5440 N. Cumberland Ave., Suite 225
Chicago, IL 60656
TEL:847.640.4440 FAX:847.437.2770 www.chcw.com

INVOICE


Invoice #	F3528.02
Date	11/5/2018
Ship	11/5/2018
Terms	Due on Receipt
Rep	JB
Due Date	11/5/2018

RECEIVED

NOV 08 2018

HUMAN RESOURCES

Bill To
College of DuPage Attn: Lisa O'Reilly 425 Fawell Blvd Glen Ellyn, IL 60137

Quantity	Item Code	Description	Price Each	Amount
200	FLU	Flu Shots - 10/23/18	30.00	6,000.00
4	FLU	Preservative Free Flu Shots - 10/23/18	38.00	152.00
1	FLU	High Dose Flu Shot - 10/23/18	65.00	65.00
92	FLU	Flu Shots - 10/24/18	30.00	2,760.00
1	FLU	Preservative Free Flu Shot - 10/24/18	38.00	38.00
3	FLU	High Dose Flu Shots - 10/24/18	65.00	195.00
301				
**Please see attached roster for participant breakdown.				
				

Beyond Wellness to True Potential

Invoice Total

\$9,210.00

PLEASE MAKE CHECK PAYABLE TO: CHC WELLBEING, INC

Payments/Credits

\$0.00

REMITTANCE ADDRESS:

5440 NORTH CUMBERLAND AVE., SUITE 225
CHICAGO, IL 60656

Balance Due

\$9,210.00