

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084244
Vendor Name: Dupage Medical Group
Invoice Number: 2015-1
Invoice Date: 04/07/20
PO Number:
Check Number: 0267832
Check Amount: \$ 37.50
Check Date: 05/12/2020
Department ID: 00253
Reviewer Name:
Voucher Number: V0616959
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: prolac@cod.edu
Sent: Mon Apr 20 22:13:21 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Invoice - DuPage Medical Group

Thank you,

Colleen Profa-Gonzalez

Program Support Specialist, Nursing and Health Sciences Division

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

prolac@cod.edu | 630-942-2994 (ph) | 630-942-4222 (fax)

Voucher Number V0616959
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 04/09/20
Due Date 04/10/20
Vendor ID and/or Name 1084244 Dupage Medical Group
AP Type IM Invoices < \$15,000
Voucher Total \$37.50

ITEM 1

Item Description Spring 2020 - DMIR Clinicals
Quantity 1.000
Price \$37.5000
Extended Price \$37.50
GL Distribution 01-10-00253-5308001

COMMENTS

AP VERIFIED
04/21/20 - MARIA ZERRUDO

APPROVAL

Dillon Galt

NEXT APPROVALS

DATE

4/20/20

INVOICE

DuPage Medical Group
Attn: Finance Suite 300
1100 31st St.
Downers Grove, IL, 60515

INVOICE # 2015-1
Date: 4-7-20

TO Colleen Prola Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2349
E-mail: prolac@cod.edu

MODALITY	PAYMENT TERMS	DUE DATE
DMG X-ray Dept-006-596	Due on receipt	April 7, 2020

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2020	1st Yr Student Clear, 2 credit hour X \$15/hr	15	\$30
Spring 2020	2 nd Yr Student Malloy, 3 credit hour x \$15/hr	15	\$45
Spring	Graduation Pin for Katie Malloy 1 x \$37.50	37.50	\$37.50
	Subtotal	30	\$37.50
SALES TAX			NA
TOTAL			\$37.50

Make all checks payable to: DuPage Medical Group
THANK YOU FOR YOUR BUSINESS!

Dilys Gallot - Interim Dean Nursing & Health Sciences