

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1182046
Vendor Name: Edward Occupational Health
Invoice Number: 00124809-00
Invoice Date: 08/31/20
PO Number:
Check Number: 0272448
Check Amount: \$ 30.00
Check Date: 09/15/2020
Department ID: 00429
Reviewer Name: Colleen Gonzalez
Voucher Number: V0643265
Redaction Type: None
Document Type: AP Invoice

Document Below

From: prolac@cod.edu
Sent: Thu Sep 03 11:16:37 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Invoice to route

Good morning!

Would you be able to route the attached voucher and invoice to Dilyss Gallyot (GL# 00429) for approval?

Thank you!

Colleen Prola-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)

APPROVED
09/08/20 - KIRK OVERSTREET

Voucher Number V0643265

Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 09/03/20

Due Date 09/05/20

Vendor ID and/or Name 1182046 Edward Occupational Health
DBA Edward Occupational Health

AP Type IM Invoices < \$15,000

Voucher Total \$30.00

ITEM 1

Item Description Woodson Forgene ANES Chart Review

Quantity 1.000

Price \$30.0000

Extended Price \$30.00

GL Distribution 01-20-00429-5401001

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 09/03/20

Edward Occupational Health
PO Box 776945
Chicago, IL 60677-6945
Telephone (331)221-6089

Invoice

Page: 1

Invoice No.	Date
00124809 -00	08/31/2020

Bill To:

College Of Dupage Health & Sciences
Attn: Jennifer Chiavola
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Amount Due: \$30.00

Federal ID: 36-3297173

Account: COD

Terms: Net due in 30 days

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
08/24/2020	Record Review	1.00	\$35.00	\$5.00			\$30.00
Sub-Total for							\$30.00

Clinic Code: EDNP

**INVOICE REVIEWED
OKAY TO PAY**

COLLEEN GONZALEZ 09/03/20

If Paying by Credit Card, fill out below

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

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

Account COD College Of Dupage Health & Sciences

Remit To:

Edward Occupational Health
PO Box 776945
Chicago, IL 60677-6945
Telephone (331)221-6089

TOTAL DUE: \$30.00

Invoice 00124809 -00 Date 8/31/2020

Thank You