

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188852  
Vendor Name: Athletico Management Llc  
Invoice Number: 820999  
Invoice Date: 12/31/20  
PO Number: B0370605  
Check Number: E0082995  
Check Amount: \$ 11,400.00  
Check Date: 01/20/2021  
Department ID: 17100  
Reviewer Name: Beverly Smith  
Voucher Number: V0658042  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Smith, Beverly <smithb244@cod.edu>  
Sent: Mon Jan 11 14:50:33 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Athletico  
-----

Please pay invoice 820999 on PO 370605.

Beverly Smith  
Administrative Assistant  
Athletics and Recreational Programs  
(630) 942-4242  
(630) 942-3601 fax  
Smithb244@cod.edu

-----Original Message-----

From: smithb244@cod.edu  
Sent: Monday, January 11, 2021 2:43 PM  
To: Smith, Beverly  
Subject: Scanned from a Xerox Multifunction Device

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location:  
Device Name: Printer-095

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

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

# ATHLETICO

## PHYSICAL THERAPY

FEIN 46-5605707  
(630) 575-6230

### Invoice

DATE	Invoice #
12/31/2020	820999

Company
AMH

Beverly Smith  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

PO370605

Description
AT Coverage

Terms
Due Upon Receipt

Description	Quantity:	Rate:	Amount
ATC: 11/29/20-12/26/20	296.00	19.00	5,624.00
<b>APPROVED</b> <b>01/14/21 - RYAN KAISER</b>			
<b>INVOICE REVIEWED</b> <b>OKAY TO PAY</b> <b>BEVERLY SMITH 01/11/21</b>			
Please include invoice # on check. Attn: Accounting Dpt. Thank you.			<b>Total</b> 5,624.00

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188852  
Vendor Name: Athletico Management Llc  
Invoice Number: 820936  
Invoice Date: 11/30/20  
PO Number: B0370605  
Check Number: E0082995  
Check Amount: \$ 11,400.00  
Check Date: 01/20/2021  
Department ID: 17100  
Reviewer Name: Beverly Smith  
Voucher Number: V0658043  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Smith, Beverly <smithb244@cod.edu>  
Sent: Mon Jan 11 14:49:05 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Athletico  
-----

Please pay invoice 820936 on PO 370605.

Beverly Smith  
Administrative Assistant  
Athletics and Recreational Programs  
(630) 942-4242  
(630) 942-3601 fax  
Smithb244@cod.edu

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

# ATHLETICO

PHYSICAL THERAPY  
FEIN 46-5605707  
(630) 575-6230

## Invoice

DATE	Invoice #
11/30/2020	820936

Company
AMH

Beverly Smith  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

PO 370605

Description
AT Services

Terms
Due Upon Receipt

Description	Quantity:	Rate:	Amount
ATC: 11/1/20-11/28/20	304.00	19.00	5,776.00
<b>APPROVED</b> <b>01/14/21 - RYAN KAISER</b>			
<b>INVOICE REVIEWED</b> <b>OKAY TO PAY</b> <b>BEVERLY SMITH 01/11/21</b>			
Please include invoice # on check. Attn: Accounting Dpt. Thank you.		Total	5,776.00