

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1036518
Vendor Name: Central Dupage Hospital Associ
Invoice Number: 03152021
Invoice Date: 03/18/21
PO Number:
Check Number: 0279030
Check Amount: \$ 135.00
Check Date: 04/13/2021
Department ID: 00253
Reviewer Name: Colleen Gonzalez
Voucher Number: V0665596
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Thu Mar 18 15:10:49 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good afternoon,

Please route the attached invoice to Dilyss Gallyot for approval; GL# 00253.

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)

[attachment: CDH invoice DMIR \$135 sent AP 3.18.21.pdf]

From: acctpay@cod.edu
To: [Gonzalez, Colleen](#)
Subject: Voucher Confirmation: V0665596
Date: Thursday, March 18, 2021 3:07:42 PM

Voucher Number V0665596
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 03/18/21
Due Date 03/20/21
Vendor ID and/or Name 1036518 Central Dupage Hospital Association
AP Type IM Invoices < \$15,000
Voucher Total \$135.00

ITEM 1
Item Description DMIR Clinical 1st year students
Quantity 3.000
Price \$5.0000
Extended Price \$15.00
GL Distribution 01-10-00253-5308001

ITEM 2
Item Description DMIR Clinical 1st year students
Quantity 4.000
Price \$30.0000
Extended Price \$120.00
GL Distribution 01-10-00253-5308001

COMMENTS

WARNING: All line items on this document have
been populated with default tax form
information from the chosen vendor.

APPROVAL

DATE

NEXT APPROVALS

APPROVED
03/19/21 - DILYSS GALLYOT

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 03/18/21

Colleen Prolac-Gonzalez
Administrative Assistant, Health and Sciences Division
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
E-mail: prolac@cod.edu

College of DuPage Clinical Period: January 25, 2021 – May 20, 2021
Invoice date: March 15, 2021

MODALITY	PAYMENT TERMS	DUE DATE
DMIR Radiography	Due on receipt	May 2021

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
Spring 2021		Senior	\$ 5.00		\$ 5.00
Spring 2021		Senior	\$ 5.00		\$ 5.00
Spring 2021		Senior	\$ 5.00		\$ 5.00
Spring 2021		Junior	\$ 30.00		\$ 30.00
Spring 2021		Junior	\$ 30.00		\$ 30.00
Spring 2021		Junior	\$ 30.00		\$ 30.00
Spring 2021		Junior	\$ 30.00		\$ 30.00
TOTAL					\$ 135.00

Submitted by: Pam Burns RT, MHA

OKAY TO PAY

Please remit payment to:

COLLEEN GONZALEZ 03/18/21

Pam Burns RT, MHA

Northwestern Medicine Central DuPage Hospital

Diagnostic Imaging

25 N Winfield Road

Winfield, Illinois 60190

ATTN: Manager, Radiology and Imaging Services
Pam Burns RT, MHA