

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083631
Vendor Name: Copley Memorial Hospital
Invoice Number: 2021-1
Invoice Date: 03/16/21
PO Number:
Check Number: 0279046
Check Amount: \$ 120.00
Check Date: 04/13/2021
Department ID: 00253
Reviewer Name: Colleen Gonzalez
Voucher Number: V0665430
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Tue Mar 16 11:44:13 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good morning,

Please route the attached invoice for approval to Dilyss Gallyot; 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: Rush Copley Invoice \$120 sent AP 3.16.21.pdf]

From: acctpay@cod.edu
To: [Gonzalez, Colleen](#)
Subject: Voucher Confirmation: V0665430
Date: Tuesday, March 16, 2021 11:40:37 AM

Voucher Number V0665430
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 03/16/21
Due Date 03/20/21
Vendor ID and/or Name 1083631 (Cole Memorial Hospital)
AP Type IM Invoices < \$15,000
Voucher Total \$120.00

APPROVED
03/16/21 - DILYSS GALLYOT

ITEM 1
Item Description DMIR Spring 2021 1st yr clinicals
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 2
Item Description DMIR Spring 2021 2nd yr clinicals
Quantity 2.000
Price \$45.0000
Extended Price \$90.00
GL Distribution 01-10-00253-5308001

COMMENTS

INVOICE REVIEWED

APPROVAL

DATE

OKAY TO PAY

NEXT APPROVALS

COLLEEN GONZALEZ 03/16/21

INVOICE

Rush Copley Medical Center
2000 E. Ogden Ave.
Aurora, IL 60504
Attn:

INVOICE # 2021-1
Date: March 16, 2021

TO Colleen Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
E-mail: prolac@cod.edu
Cc: dumfords@cod.edu

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

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2020	1 1st year students @ 2 credit hours X \$15/hr per student	30.00	\$30.00
	2 2nd year student @ 3 credit hours X \$15/hr per student	45.00	90.00
INVOICE REVIEWED OKAY TO PAY COLLEEN GONZALEZ 03/16/21			
	Subtotal		\$120.00
SALES TAX			NA
TOTAL			\$

HOSPITAL INFO

MICHELE TROTTO, MANAGER
DEPARTMENT OF IMAGING
RUSH COPLEY MEDICAL CENTER
2000 W OGDEN AVENUE
AURORA, IL 60504
630-978-6299
MICHELE.TROTTO@RUSHCOPLEY.COM