

Information:

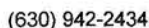
Drawer: Accounts Payable - Invoices  
Vendor Number: 1086322  
Vendor Name: IEMA  
Invoice Number: 90334  
Invoice Date: 05/04/21  
PO Number:  
Check Number: 0281671  
Check Amount: \$ 50.00  
Check Date: 06/08/2021  
Department ID: 00221  
Reviewer Name: Jessica Lang  
Voucher Number: V0682780  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Lang, Jessica <langj@cod.edu>  
Sent: Wed May 26 15:51:59 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: IEMA INV#90334 \$50.00  
-----

Jessica Lang  
Program Support Specialist, Nursing & Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
[langj@cod.edu](mailto:langj@cod.edu)

[attachment: IEMA INV#90334 \$50.00 - sent to AP 5.26.21.pdf]



**State of Illinois**  
**ILLINOIS EMERGENCY MANAGEMENT AGENCY**  
**Division of Nuclear Safety**  
**1035 Outer Park Drive**  
**Springfield, Illinois 62704-4462**

**STATEMENT  
AS OF  
05/04/2021**

**APPROVED**

05/27/21 - LISA STOCK

Amy Yarshen, RSO  
College Of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

|            |         |
|------------|---------|
| AMOUNT DUE | \$50.00 |
|------------|---------|

Check #:

1 \$

Amount Enclosed

94817 90334 \$50.00 OWT7411 NLLWAN-OR 942-043

\*\*\* Address Correction Requested \*\*\*

Detach here - Return top portion with your payment

[illegible]

**INVOICE REVIEWED** **TOTAL DUE**  
Payments are due within 60 days of invoice date. For billing inquiries call 214/752-5523.  
Remit TOTAL with the top portion of this document to IEMA in the enclosed envelope. Thank you.

**OKAY TO PAY**

**JESSICA LANG 05/26/21**

**From:** [acctpay@cod.edu](mailto:acctpay@cod.edu)  
**To:** [Lang, Jessica](#)  
**Subject:** Voucher Confirmation: V0682780  
**Date:** Wednesday, May 26, 2021 3:50:09 PM

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Voucher Number V0682780  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 05/26/21  
Due Date 05/26/21  
Vendor ID and/or Name 1086322 IEMA  
AP Type IM Invoices < \$15,000  
Voucher Total \$50.00

ITEM 1  
Item Description Non-Reactor Generator Fees - Nuc Med  
Quantity 1.000  
Price \$50.0000  
Extended Price \$50.00  
GL Distribution 01-10-00221-5308001  
Tax Info

COMMENTS

APPROVAL                      DATE  
**INVOICE REVIEWED**  
NEXT APPROVALS  
**OKAY TO PAY**  
**JESSICA LANG 05/26/21**