

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084385
Vendor Name: Edward Hospital & Health Serv
Invoice Number: 180
Invoice Date: 07/06/21
PO Number:
Check Number: E0085693
Check Amount: \$ 375.00
Check Date: 07/21/2021
Department ID: 00253
Reviewer Name: Jessica Lang
Voucher Number: V0690178
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Lang, Jessica <langj@cod.edu>
Sent: Fri Jul 09 22:21:43 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Edward INV#180 \$165.00

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

[attachment: FY22 Edward Hospital INV#180 \$165.00 - sent to AP 7.9.21.pdf]

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 180
Date: July 6, 2021

TO Colleen Prola
College of DuPage
Administrative Assistant, Health and Sciences Division
Room HS1220
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
Fax: 630-858-5409
E-mail: prolac@cod.edu

APPROVED
07/19/21 - LISA STOCK

| MODALITY | PAYMENT TERMS | DUE DATE |
|-------------|----------------|---------------|
| DMIR-Edward | Due on receipt | July 30, 2021 |

| DATE OF SEMESTER | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|------------------|-------------|------------|------------|
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| | | | |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| Summer 2021 | | 15 | \$15 |
| | Subtotal | 165.00 | \$165.00 |
| | Sales Tax | NA | |
| | Total | 165.00 | \$165.00 |

INVOICE REVIEWED

OKAY TO PAY

Make all checks payable to Edward Elmhurst Health
THANK YOU FOR YOUR BUSINESS!

JESSICA LANG 07/12/21

From: acctpay@cod.edu
To: [Lang, Jessica](#)
Subject: Voucher Confirmation: V0690178
Date: Friday, July 9, 2021 10:19:48 PM

Voucher Number V0690178
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 07/09/21
Due Date 07/09/21
Vendor ID and/or Name 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$165.00

ITEM 1

Item Description Edward - DMIR 1st Year Clinicals
Quantity 6.000
Price \$15.0000
Extended Price \$90.00
GL Distribution 01-10-00253-5308001
Tax Info

ITEM 2

Item Description Edward - DMIR 2nd Year Clinicals
Quantity 5.000
Price \$15.0000
Extended Price \$75.00
GL Distribution 01-10-00253-5308001
Tax Info

COMMENTS

APPROVAL DATE

NEXT APPROVALS

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 07/12/21

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084385
Vendor Name: Edward Hospital & Health Serv
Invoice Number: 181
Invoice Date: 07/06/21
PO Number:
Check Number: E0085693
Check Amount: \$ 375.00
Check Date: 07/21/2021
Department ID: 00253
Reviewer Name: Jessica Lang
Voucher Number: V0690179
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Lang, Jessica <langj@cod.edu>
Sent: Fri Jul 09 22:26:16 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Edward-Elmhurst INV#181 \$210.00

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

[attachment: FY22 Edward-Elmhurst INV#181 \$210.00 - sent to AP 7.9.21.pdf]

Edward Elmhurst Health
801 S. Washington Street
Naperville, IL 60540

INVOICE # 181
Date: 7/6/2021

TO Colleen Prola
College of DuPage
Administrative Assistant, Health and Sciences Division
Room HS1220
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2994
Fax: 630-858-5409
E-mail: prolac@cod.edu

APPROVED**07/19/21 - LISA STOCK**

| MODALITY | PAYMENT TERMS | DUE DATE |
|---------------|----------------|---------------|
| DMIR-Elmhurst | Due on receipt | July 30, 2021 |

| DATE OF SEMESTER | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|------------------|-------------|------------|------------|
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| | | | |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| Summer 2020 | | 15 | \$15 |
| | Subtotal | | \$210.00 |
| | Sales Tax | NA | |
| | Total | | \$210.00 |

INVOICE REVIEWED**OKAY TO PAY**

Make all checks payable to: Edward Elmhurst Health

JESSICA LANG 07/12/21

From: acctpay@cod.edu
To: [Lang, Jessica](#)
Subject: Voucher Confirmation: V0690179
Date: Friday, July 9, 2021 10:23:19 PM

Voucher Number V0690179
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 07/09/21
Due Date 07/09/21
Vendor ID and/or Name 1084385 Edward Hospital & Health Serv
AP Type IM Invoices < \$15,000
Voucher Total \$210.00

ITEM 1

Item Description Elmhurst - DMIR 1st Year Clinicals
Quantity 7.000
Price \$15.0000
Extended Price \$105.00
GL Distribution 01-10-00253-5308001
Tax Info

ITEM 2

Item Description Elmhurst - DMIR 2nd Year Clinicals
Quantity 7.000
Price \$15.0000
Extended Price \$105.00
GL Distribution 01-10-00253-5308001
Tax Info

COMMENTS

APPROVAL

DATE

NEXT APPROVALS

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 07/12/21