

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082081

Vendor Name: Advocate Good Samaritan

Invoice Number: 204

Invoice Date: 08/10/21

PO Number:

Check Number: 0283764

Check Amount: \$ 75.00

Check Date: 08/17/2021

Department ID: 00253

Reviewer Name:

Voucher Number: V0693847

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: Gonzalez, Colleen <prolac@cod.edu>  
Sent: Thu Aug 12 10:25:52 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: route for approval  
-----

Please route the attached invoice to Jared Deane for approval.

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](mailto:prolac@cod.edu) | 630-942-2994 (ph) | 630-942-4222 (fax)

[attachment: FY22 DMIR Good Sam clinicals Summer 2021 sent AP 8.12.21.pdf]



Advocate Good Samaritan Hospital

Inspiring medicine. Changing lives.

# INVOICE

INVOICE # 204

DATE: AUGUST 10, 2021

Advocate Good Samaritan Hospital  
Diagnostic Imaging Services  
3815 Highland Avenue  
Downers Grove, IL 60515

Lee Baker, Coordinator Special Projects  
Phone: 630-275-1294  
Fax: 630-963-9410  
E-Mail: Lee.Baker@advocatehealth.com

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  
Cc: langi@cod.edu

MODALITY	DUE DATE
DMIR	Due on Receipt

SEMESTER	STUDENT	FEE	PIN COST	LINE TOTAL
Summer 2021		15		\$15
Summer 2021		15		\$15
Summer 2021		15		\$15
Summer 2021		15		\$15
Summer 2021		15		\$15
<b>AP VERIFIED</b> <b>08/12/21 - MARIA ZERRUDO</b>				
		<b>SUB TOTAL</b>		\$75
		<b>SALES TAX</b>		NA
		<b>TOTAL</b>		\$75

*Jared Deane*

8/12/2021

Make all checks payable to: Advocate Good Samaritan Hospital

THANK YOU FOR YOUR BUSINESS!

**From:** [acctpay@cod.edu](mailto:acctpay@cod.edu)  
**To:** [Gonzalez, Colleen](#)  
**Subject:** Voucher Confirmation: V0693847  
**Date:** Wednesday, August 11, 2021 3:11:06 PM

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Voucher Number V0693847  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 08/11/21  
Due Date 08/12/21  
Vendor ID and/or Name 1082081 Advocate Good Samaritan  
AP Type IM Invoices < \$15,000  
Voucher Total \$75.00

ITEM 1  
Item Description DMIR Summer clinicals  
Quantity 5.000  
Price \$15.0000  
Extended Price \$75.00  
GL Distribution 01-10-00253-5308001  
Tax Info

COMMENTS

  
APPROVAL

8/12/2021  
DATE

NEXT APPROVALS