

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1036518  
Vendor Name: Central Dupage Hospital Associ  
Invoice Number: 7.7.21  
Invoice Date: 07/07/21  
PO Number:  
Check Number: 0283797  
Check Amount: \$ 120.00  
Check Date: 08/17/2021  
Department ID: 00253  
Reviewer Name: Jessica Lang  
Voucher Number: V0690116  
Redaction Type: Other  
Document Type: AP Invoice

Document Below

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From: Lang, Jessica <langj@cod.edu>  
Sent: Thu Jul 08 09:12:56 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Northwestern Medicine CDH INV#7.7.21 \$120.00  
-----

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: Northwestern Medicine CDH INV#7.7.21 \$120.00 - sent to AP 7.8.21.pdf]

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

**FY22**

College of DuPage Clinical Period: June 7, 2021 – August 2, 2021  
Invoice date: July 7, 2021

**APPROVED**

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

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

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
Summer 2021		Junior	\$ 15.00		\$ 15.00
Summer 2021		Junior	\$ 15.00		\$ 15.00
Summer 2021		Junior	\$ 15.00		\$ 15.00
Summer 2021		Junior	\$ 15.00		\$ 15.00
Summer 2021		Senior	\$ 15.00		\$ 15.00
Summer 2021		Senior	\$ 15.00		\$ 15.00
Summer 2021		Senior	\$ 15.00		\$ 15.00
Summer 2021		Senior	\$ 15.00		\$ 15.00
<b>TOTAL</b>					<b>\$ 120.00</b>

**INVOICE REVIEWED**

Submitted by Lana Gowen B. R.  
Please remit payment to:

**OKAY TO PAY**

Pam Burns R., MHA  
Northwestern Medicine Central DuPage Hospital

Diagnostic Imaging  
25 North Winfield Road  
Winfield, Illinois 60190

**JESSICA LANG 07/08/21**

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

**From:** [acctpay@cod.edu](mailto:acctpay@cod.edu)  
**To:** [Lang, Jessica](#)  
**Subject:** Voucher Confirmation: V0690116  
**Date:** Thursday, July 8, 2021 9:10:21 AM

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Voucher Number V0690116  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 07/08/21  
Due Date 07/08/21  
Vendor ID and/or Name 1036518 Central Dupage Hospital Association  
AP Type IM Invoices < \$15,000  
Voucher Total \$120.00

ITEM 1  
Item Description CDH Student Summer Clinicals  
Quantity 8.000  
Price \$15.0000  
Extended Price \$120.00  
GL Distribution 01-10-00253-5308001  
Tax Info 1099NE NE1 IL

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

APPROVAL DATE

NEXT APPROVALS

**INVOICE REVIEWED**

**OKAY TO PAY**

**JESSICA LANG 07/08/21**