

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1193817  
Vendor Name: Medical Assisting Education Re  
Invoice Number: 1832697  
Invoice Date: 08/06/21  
PO Number:  
Check Number: 0283865  
Check Amount: \$ 75.00  
Check Date: 08/17/2021  
Department ID: 00429  
Reviewer Name:  
Voucher Number: V0693914  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: Gonzalez, Colleen <prolac@cod.edu>  
Sent: Thu Aug 12 10:22:19 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: MAERB invoice to process  
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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: MAERB INVOICE - \$75.00 sent AP 8.12.21.pdf]

# Medical Assisting Education Review Board (MAERB)

20 N. Wacker Drive, #1575  
Chicago, IL 60606  
Phone: (312) 392-0155

## Invoice

**Invoice Number:** 1832697  
**Date:** August 06, 2021

**Bill To:**

College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6708

GL# 01-20-00429-5406002

**Ship To:**

Diane L Gryglak, CMA (AAMA), MS  
Medical Assisting Program Director  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6708

**AP VERIFIED**

**08/12/21 - MARIA ZERRUDO**

Customer ID #		Company ID #		Payment Terms		
78837		10884				
Representative		Shipping Method		Due Date		
Tasha Harris		UPS		Monday, September 6, 2021		
Quantity	Item Description			Unit Price	Discount	Extended
1	Practicum Coordinator Change (Julie Rose)			\$75.00		\$75.00

**Standards: Appendix A.3.e**

The program and the sponsor must pay MAERB and CAAHEP fees within a reasonable period of time, as determined by the MAERB and CAAHEP respectively.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

A late fee of \$250.00 will be added if not paid by second notice due date.

Subtotal \$75.00

**Grand Total \$75.00**

Payment Total \$0.00

**Amount Due \$75.00**

**NOTE:**

Make checks payable to MAERB.

**Include invoice number on payment.**

If paying by credit card, you may call Sarah Marino at 312-392-0155 x403.

cc: Brian Caputo, PhD, Interim President  
Jared Dean, PhD, Dean of Health Sciences and Nursing

*Jared Deane*

8/12/2021