

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00133997-00

Invoice Date: 3/31/2021

PO Number:

Check Number: E0086316

Check Amount: \$ 1,056.00

Check Date: 09/22/2021

Voucher Number: V0700154

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

Invoice

Page: 1

| Invoice No. | Date |
|---------------|------------|
| 00133997 - 00 | 03/31/2021 |

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Vendor #:1199016
GL: 01-10-00225-5308001

Amount Due: \$142.00

Federal ID: 36-2167784

Account: COD

Terms: Net due in 30 days

| Service Date | Medical Activity | Quantity | Unit Price | Discount | Amt Paid | Adjusted | Amount |
|--------------|------------------|----------|------------|----------|----------|----------|----------|
| 03/18/2021 | DS-Rapid | 00 | \$53.00 | \$5.00 | | | \$48.00 |
| 03/18/2021 | TB Quan | 00 | \$90.00 | \$10.00 | | | \$80.00 |
| | | | | | | | \$128.00 |
| 03/29/2021 | TB/PPD | 00 | \$25.00 | \$11.00 | | | \$14.00 |
| | | | | | | | \$14.00 |

****INVOICE NUMBER MUST ACCOMPANY PAYMENT TO
ENSURE PROPER PAYMENT PROCESSING****

Account COD

College Of Dupage Health & Sciences

Remit To:

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

If Paying by Credit Card, fill out below

| | | | |
|-------------------------------|-------------------------------|-----------------------------|-----------------------------------|
| AMEX <input type="checkbox"/> | VISA <input type="checkbox"/> | MC <input type="checkbox"/> | Discover <input type="checkbox"/> |
| Card Number: | | | |
| Exp. Date: | | Sec Code: | |
| Signature: | | Amount: | |

TOTAL DUE: \$142.00

Invoice 00133997 - 00 Date 3/31/2021

Thank You

"Lang, Jessica" <langj@cod.edu>

Elmhurst INV#133997 \$142.00

"Lang, Jessica" <langj@cod.edu>

Fri, Sep 17, 2021 at 05:56 PM GMT

CC:

BCC:

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

1 attachment

Elmhurst INV #133997 \$142.00.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00138836-00

Invoice Date: 7/13/2021

PO Number:

Check Number: E0086316

Check Amount: \$ 1,056.00

Check Date: 09/22/2021

Voucher Number: V0700155

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
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Invoice

Page: 1

| Invoice No. | Date |
|---------------|------------|
| 00138836 - 00 | 07/13/2021 |

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Vendor #:1199016
GL: 01-10-00225-5308001

Amount Due: \$226.00

Federal ID: 36-2167784

Account: COD

Terms: Net due in 30 days

| Service Date | Medical Activity | Quantity | Unit Price | Discount | Amt Paid | Adjusted | Amount |
|-------------------|------------------|----------|------------|----------|----------|----------|----------|
| Clinic Code: ELAH | | | | | | | |
| 04/30/2021 | Lab - | 1.00 | \$25.00 | \$5.00 | | | \$20.00 |
| 04/30/2021 | Lab - | 1.00 | \$65.00 | \$45.00 | | | \$20.00 |
| 04/30/2021 | Lab - | 1.00 | \$25.00 | \$5.00 | | | \$20.00 |
| 04/30/2021 | Lab - | 1.00 | \$30.00 | \$12.00 | | | \$18.00 |
| 04/30/2021 | TB Q | 1.00 | \$90.00 | \$10.00 | | | \$80.00 |
| 04/30/2021 | DS-R | 1.00 | \$53.00 | \$5.00 | | | \$48.00 |
| 04/30/2021 | Lab - | 1.00 | \$50.00 | \$30.00 | | | \$20.00 |
| | | | | | | | \$226.00 |

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| Card Number: | | | |
| Exp. Date: | | Sec Code: | |
| Signature: | | Amount: | |

TOTAL DUE: \$226.00

Invoice 00138836 - 00 Date 7/13/2021

Thank You

"Lang, Jessica" <langj@cod.edu>

Elmhurst INV#138836 \$226.00

"Lang, Jessica" <langj@cod.edu>

Fri, Sep 17, 2021 at 05:57 PM GMT

CC:

BCC:

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

1 attachment

Elmhurst INV #138836 \$226.00.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00136683-00

Invoice Date: 5/31/2021

PO Number:

Check Number: E0086316

Check Amount: \$ 1,056.00

Check Date: 09/22/2021

Voucher Number: V0700160

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
Telephone (331)221-6079

Invoice

Page: 1

| Invoice No. | Date |
|---------------|------------|
| 00136683 - 00 | 05/31/2021 |

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Vendor #:1199016
GL: 01-10-00225-5308001

Amount Due: \$176.00

Federal ID: 36-2167784

Account: COD

Terms: Net due in 30 days

| Service Date | Medical Activity | Quantity | Unit Price | Discount | Amt Paid | Adjusted | Amount |
|------------------------------------|-------------------------------|----------|------------|----------|----------|----------|----------|
| 05/19/2021 | TE | 1.00 | \$90.00 | \$10.00 | | | \$80.00 |
| 05/19/2021 | DS | 1.00 | \$53.00 | \$5.00 | | | \$48.00 |
| | | | | | | | \$128.00 |
| 05/28/2021 | DS-Rapid 10 Panel Drug Screen | 1.00 | \$53.00 | \$5.00 | | | \$48.00 |
| Sub-Total for Nancy Tomasek | | | | | | | \$48.00 |

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| Card Number: | | | |
| Exp. Date: | | Sec Code: | |
| Signature: | | Amount: | |

TOTAL DUE: \$176.00

Invoice 00136683 - 00 Date 5/31/2021

Thank You

"Lang, Jessica" <langj@cod.edu>

Elmhurst INV#136683 \$176.00

"Lang, Jessica" <langj@cod.edu>

Fri, Sep 17, 2021 at 05:57 PM GMT

CC:

BCC:

Jessica Lang

Program Support Specialist, Nursing & Health Sciences

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630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

Elmhurst INV #136683 \$176.00.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00139669-00

Invoice Date: 7/31/2021

PO Number:

Check Number: E0086316

Check Amount: \$ 1,056.00

Check Date: 09/22/2021

Voucher Number: V0700161

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health
PO Box 776924
Chicago, IL 60677-6924
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Invoice

Page: 1

| Invoice No. | Date |
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| 00139669 - 00 | 07/31/2021 |

Bill To:

College Of Dupage Health & Sciences
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Vendor #:1199016
GL: 01-10-00225-5308001

Amount Due: \$256.00

Federal ID: 36-2167784

Account: COD

Terms: Net due in 30 days

| Service Date | Medical Activity | Quantity | Unit Price | Discount | Amt Paid | Adjusted | Amount |
|-----------------------|--------------------------------|----------|------------|----------|----------|----------|--------------------------|
| | | | | | | | Clinic Code: ELOH |
| 07/23/2021 | TB Quantiferon Gold Blood Test | 1.00 | \$90.00 | \$10.00 | | | \$80.00 |
| Specimen ID 134556554 | | | | | | | |
| 07/23/2021 | DS-Rapid 10 Panel Drug Screen | 1.00 | \$53.00 | \$5.00 | | | \$48.00 |
| Sub-Total for | | | | | | | \$128.00 |
| | | | | | | | Clinic Code: ELOH |
| 07/26/2021 | TB Quantiferon Gold Blood Test | 1.00 | \$90.00 | \$10.00 | | | \$80.00 |
| Specimen ID 387455372 | | | | | | | |
| 07/26/2021 | DS-Rapid 10 Panel Drug Screen | 1.00 | \$53.00 | \$5.00 | | | \$48.00 |
| | | | | | | | \$128.00 |

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| Card Number: | | | |
| Exp. Date: | | Sec Code: | |
| Signature: | | Amount: | |

TOTAL DUE: \$256.00

Invoice 00139669 - 00 Date 7/31/2021

Thank You

"Lang, Jessica" <langj@cod.edu>

Elmhurst INV#139669 \$256.00

"Lang, Jessica" <langj@cod.edu>

Fri, Sep 17, 2021 at 05:58 PM GMT

CC:

BCC:

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

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Elmhurst INV#139669 \$256.00.pdf