

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555600
Vendor Name: Alexian Brothers Ambulatory Group,D/B/A
Invoice Number: 721416on
Invoice Date: 7/31/2021
PO Number:
Check Number: E0086391
Check Amount: \$ 570.00
Check Date: 09/29/2021
Voucher Number: V0700613
Document Type: AP Invoice

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

Invoice
July 31, 2021

Bill to: College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

For: College of DuPage
7/2021 sch screenings

Invoice # 721416

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
99201	07/14/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	07/14/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
Balance Due:							95.00
Invoice # 721416 Balance Due:							95.00

THIS IS A REPRINTED INVOICE. NO PAYMENT HAS BEEN RECEIVED.
PAYMENT IS DUE WITHIN 30 DAYS.

GL 01-80-00797-5309001 (provided by Dana)



Cut and return with payment

Please place invoice number 721416 on check

Please remit 95.00 to Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

"Zerrudo, Maria" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Maria" <zerrudom@cod.edu>

Tue, Sep 14, 2021 at 08:45 PM GMT

CC:

BCC:

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1755_001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1555600

Vendor Name: Alexian Brothers Ambulatory Group,D/B/A

Invoice Number: 720976

Invoice Date: 6/30/2021

PO Number:

Check Number: E0086391

Check Amount: \$ 570.00

Check Date: 09/29/2021

Voucher Number: V0700614

Document Type: AP Invoice

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

Invoice
June 30, 2021

Bill to: College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

For: College of DuPage
addison screenings 6/21

Invoice # 720976

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
99201	06/10/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	06/10/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
					Balance Due:		95.00
99201	06/12/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	06/12/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
					Balance Due:		95.00
99201	06/11/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	06/11/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
					Balance Due:		95.00
Invoice # 720976 Balance Due:							285.00

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PAYMENT IS DUE WITHIN 30 DAYS.

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Cut and return with payment

Please place invoice number 720976 on check

Please remit 285.00 to

Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

"Zerrudo, Maria" <zerrudom@cod.edu>

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"Zerrudo, Maria" <zerrudom@cod.edu>

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Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1555600

Vendor Name: Alexian Brothers Ambulatory Group,D/B/A

Invoice Number: 721146

Invoice Date: 6/30/2021

PO Number:

Check Number: E0086391

Check Amount: \$ 570.00

Check Date: 09/29/2021

Voucher Number: V0700615

Document Type: AP Invoice

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

Invoice
June 30, 2021

Bill to: College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

For: College of DuPage
6/2021 sch screenings

Invoice # 721146

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
99201	06/21/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	06/21/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
Balance Due:							95.00
Invoice # 721146 Balance Due:							95.00

THIS IS A REPRINTED INVOICE. NO PAYMENT HAS BEEN RECEIVED.
PAYMENT IS DUE WITHIN 30 DAYS.

GL 01-80-00797-5309001 (provided by Dana)



Cut and return with payment

Please place invoice number 721146 on check

Please remit 95.00 to Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

"Zerrudo, Maria" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Maria" <zerrudom@cod.edu>

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Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1555600

Vendor Name: Alexian Brothers Ambulatory Group,D/B/A

Invoice Number: 720641

Invoice Date: 5/31/2021

PO Number:

Check Number: E0086391

Check Amount: \$ 570.00

Check Date: 09/29/2021

Voucher Number: V0700616

Document Type: AP Invoice

Document Below

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

Invoice
May 31, 2021

Bill to: College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

For: College of DuPage
addison screenings 5/21

Invoice # 720641

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
99201	05/26/2021	Physical Exam Occupational Health	1.00	50.00			50.00
99450	05/26/2021	Back Evaluation/Lift Test	1.00	45.00			45.00
Balance Due:							95.00
Invoice # 720641 Balance Due:							95.00

THIS IS A REPRINTED INVOICE. NO PAYMENT HAS BEEN RECEIVED.
PAYMENT IS DUE WITHIN 30 DAYS.

GL 01-80-00797-5309001 (provided by Dana)



Cut and return with payment

Please place invoice number **720641** on check

Please remit **95.00** to Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

"Zerrudo, Maria" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Maria" <zerrudom@cod.edu>

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