

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082081
Vendor Name: Advocate Good Samaritan
Invoice Number: 207
Invoice Date: 10/1/2021
PO Number:
Check Number: 0287831
Check Amount: \$ 50.00
Check Date: 10/12/2021
Voucher Number: V0709403
Document Type: AP Invoice

Document Below



Advocate Good Samaritan Hospital

Inspiring medicine. Changing lives.

INVOICE

INVOICE # 207
DATE: OCTOBER 1, 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@aah.org

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

GL# 01-10-00253-5308001

MODALITY	DUE DATE
Mammography	Due on Receipt

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2021		50	50
SUBTOTAL			\$50
SALES TAX			NA
TOTAL			\$50

Make all checks payable to: Advocate Good Samaritan Hospital
THANK YOU FOR YOUR BUSINESS!

"Gonzalez, Colleen" <prolac@cod.edu>

Route for approval

"Gonzalez, Colleen" <prolac@cod.edu>

Fri, Oct 1, 2021 at 03:39 PM GMT

CC:

BCC:

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 630-942-2994 (ph) 630-942-4222 (fax)

1 attachment

Good Sam \$50 MA Fall 2021 Invoice 207.sent AP 10.1.21.pdf