

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1082081  
Vendor Name: Advocate Good Samaritan  
Invoice Number: 208  
Invoice Date: 10/1/2021  
PO Number:  
Check Number: 0287832  
Check Amount: \$ 45.00  
Check Date: 10/12/2021  
Voucher Number: V0709404  
Document Type: AP Invoice

Document Below



Advocate Good Samaritan Hospital

Inspiring medicine. Changing lives.

## INVOICE

INVOICE # 208  
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  
Cc: langi@cod.edu

GL# 01-10-00255-5308001

MODALITY	DUE DATE
Magnetic Resonance Imaging	Due on Receipt

SEMESTER	STUDENT	UNIT PRICE	LINE TOTAL
Fall 2021	3 credit hours X \$15/hr	45	\$45
SUBTOTAL			\$45
SALES TAX			NA
TOTAL			\$45

Make all checks payable to: Advocate Good Samaritan Hospital

THANK YOU FOR YOUR BUSINESS!

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

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**route for approval**

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

Fri, Oct 1, 2021 at 03:41 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](mailto:prolac@cod.edu) 630-942-2994 (ph) 630-942-4222 (fax)

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**1 attachment**

Good Sam \$45 MR Fall 2021 Invoice 208.sent AP 10.1.21.pdf