

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4100803
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709621
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	8

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
8/18/2021 - GLENDALE			58.00	0.00	58.00
* Original Stmt - 4221836			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:04 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

Ashley

Ashley McLaughlin

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

(630) 942-2209 | mclaughl@cod.edu | www.cod.edu/academics/conted/basic/

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1 attachment

Invoice 4100803.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4029884
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709624
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	5

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
7/13/2021 - ELK GROVE			58.00	0.00	58.00
* Original Stmt - 4217416			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:03 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

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Thanks,

Ashley

Ashley McLaughlin

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1 attachment

Invoice 4029884 .pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4024580
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709641
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	9

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
7/1/2021 - BOLINGBRK			58.00	0.00	58.00
* Original Stmt - 4217416			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:04 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

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Thanks,

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Invoice 4024580.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4176217
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709642
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	10

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
9/29/2021 - ADDISON			58.00	0.00	58.00
* Original Stmt - 4226325			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:05 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

Ashley

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Invoice 4176217.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4102861
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709643
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	12

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid \$	_____
------------------------------------	-------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
8/25/2021 - GLENDALE			58.00	0.00	58.00
* Original Stmt - 4221836			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:09 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

Ashley

Ashley McLaughlin

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Invoice 4102861.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4054930
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709644
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	13

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
7/28/2021 - ADDISON			35.00	0.00	35.00
* Original Stmt - 4217416			58.00	0.00	58.00

PATIENT TOTAL ==> 93.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:09 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

Ashley

Ashley McLaughlin

Systems Coordinator

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Invoice 4054930.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4174294
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709645
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	11

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
9/28/2021 - GLENDALE * Original Stmt - 422632			58.00	0.00	58.00

PATIENT TOTAL ==> 58.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:09 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

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Thanks,

Ashley

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Invoice 4174294.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4017408
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709646
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	16

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid	\$ _____
---------------------------------	-----------------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
7/5/2021 - ADDISON	SCARDINA, JOSHUA	DRUG SCREEN NIDA	58.00	0.00	58.00
* Original Stmt - 4217416	SSN# 000-00-0000	DOT EXAM	88.00	0.00	88.00
	Pat. INV# 4017408				

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:10 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

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Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

Ashley

Ashley McLaughlin

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Invoice 4017408.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4185792
Invoice Date: 10/5/2021
PO Number: B0374505
Check Number: 0288017
Check Amount: \$ 1,173.00
Check Date: 10/12/2021
Voucher Number: V0709647
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
 Billing Department
 PO BOX 8799
 CAROL STREAM, IL 60197-8799
 Phone: 855-631-4563
 Tax ID: 470902244

Customer Copy

Statement Date	10/5/2021
Statement Number	4226325
Account Number	15236
Page Number	14

COLLEGE OF DUPAGE TRUCK SCHOOL
 301 S. SWIFT RD #6
 ADDISON, IL 60101, USA

BO#374505

Indicate Amount Paid \$	_____
------------------------------------	-------

Date/ Clinic	Patient	Description	Charge	Paid/ Adj	Balance
10/1/2021 - HANOVER PK			58.00	0.00	58.00
* Original Stmt -			88.00	0.00	88.00

PATIENT TOTAL ==> 146.00

"McLaughlin, Ashley" <mclaughl@cod.edu>

RE: Invoice for BO 374505

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Oct 6, 2021 at 06:10 PM GMT

CC: McCoy, Tobey <mccoyt319@cod.edu>

BCC:

Hi There,

Attached is an invoice for BO 374505

Vendor: 1327186

GL: 05-63-67001-5309001

Please let me know if you need anything else.

Thanks,

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Invoice 4185792.pdf