

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1212140

Vendor Name: Northwestern Memorial Hospital

Invoice Number: 96000000467

Invoice Date: 8/31/2021

PO Number:

Check Number: 0299667

Check Amount: \$ 80.00

Check Date: 06/07/2022

Voucher Number: V0739787

Document Type: AP Invoice

Document Below



## INVOICE

College of DuPage

Ryan Kaiser

425 Fawell Blvd.

Glen Ellyn, IL 60137

For questions, please contact us:

@ 1-312-926-2835 or miscbilling@nm.org

Invoice Date: August 31, 2021

Customer ID: 0000003303

Payment Terms #: NET30

Invoice #: 96000000467

Due Date: September 30, 2021

10-99-17150-2900099

Description	Amount
<b>Current Charges</b>	
Student Athlete Physicals	\$80.00

<b>Total Due</b>	<b>\$80.00</b>
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----- Please Return With Your Payment -----

541 N. Fairbanks  
Floor 16 Suite 1600  
Chicago, IL 60611

Invoice Date: 08/31/2021  
Customer ID: 0000003303  
Invoice #: 96000000467  
Amount Due: \$80.00

Amount Enclosed: \_\_\_\_\_

**BILL TO:**  
College of DuPage  
Ryan Kaiser  
Athletic Training Department  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**SEND REMITTANCE TO:**  
please include customer ID# on check  
Northwestern Memorial HealthCare  
P.O. Box 73690  
Chicago, IL 60673-7690

**"Smith, Bev"** <smithb244@cod.edu>

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**Attached Image**

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**"Smith, Bev"** <smithb244@cod.edu>

Wed, May 11, 2022 at 08:54 PM GMT

CC:

BCC:

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**1 attachment**

2520\_001.pdf