

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1199016

Vendor Name: Elmhurst Memorial Hospital,DBA Elmhurst

Invoice Number: 00153045-00

Invoice Date: 5/31/2022

PO Number:

Check Number: 0300200

Check Amount: \$ 77.00

Check Date: 06/29/2022

Voucher Number: V0741564

Document Type: AP Invoice

Document Below

Elmhurst Occupational Health  
PO Box 776924  
Chicago, IL 60677-6924  
Telephone (331)221-6079

# Invoice

Page: 1

Invoice No.	Date
00153045 -00	05/31/2022

**Bill To:**

College Of Dupage Health & Sciences  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6599

Amount Due: \$77.00  
Federal ID: 36-2167784  
Account: COD

**Terms: Net due in 30 days**

Service Date	Medical Activity	Quantity	Unit Price	Discount	Amt Paid	Adjusted	Amount
							<b>Clinic Code: ELOH</b>
05/17/2022	Erin E Wiesemann	1.00	\$90.00	\$13.00			\$77.00
	MMR Vaccine, Sc						\$77.00
<b>Sub-Total for Erin E Wiesemann</b>							

**\*\*INVOICE NUMBER MUST ACCOMPANY PAYMENT TO  
ENSURE PROPER PAYMENT PROCESSING\*\***

Account COD

College Of Dupage Health & Sciences

**Remit To:**

Elmhurst Occupational Health  
PO Box 776924  
Chicago, IL 60677-6924  
Telephone (331)221-6079

If Paying by Credit Card, fill out below

AMEX <input type="checkbox"/>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number:			
Exp. Date:		Sec Code:	
Signature:		Amount:	

**TOTAL DUE: \$77.00**

Invoice 00153045 -00 Date 5/31/2022

**Thank You**

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

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**Attached Image**

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

Mon, Jun 6, 2022 at 08:58 PM GMT

CC:

BCC:

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**1 attachment**

4918\_001.pdf