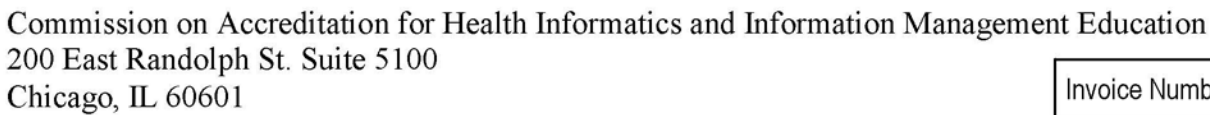


Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1424736
Vendor Name: Commission on Accreditation for Health
Invoice Number: COMP471
Invoice Date: 3/8/2023
PO Number: P0006208
Check Number: E0094184
Check Amount: \$ 8,000.00
Check Date: 03/14/2023
Voucher Number: V0776922
Document Type: AP Invoice

Document Below



Invoice Number	COMP471
Date	3/8/2023
Terms	Net 30

PLEASE REMIT PAYMENT TO:

CAHIIM
734141 Network Place
Chicago, IL. 60673-1734

Program
Associate - 506

Payment is due in 30 days from the invoice date.

***Please contact accounting@cahiim.org for payment options.
Purchase orders should be sent to accounting@cahiim.org.***

"Lang, Jessica" <langj@cod.edu>

CAHIIM INV#COMP471 \$8,000

"Lang, Jessica" <langj@cod.edu>

Thu, Mar 9, 2023 at 09:09 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

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