

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084244

Vendor Name: Dupage Medical Group

Check Details:

Check Number: 0337280

Check Amount: \$ 135.00

Check Date: 3/18/2025

Invoice Details:

Invoice Number: 10072024

Invoice Date: 10/7/2024

PO Number: NULL

Voucher Number: V0876078

Document Type: AP Invoice

Document Below

INVOICE

Vendor # 1084244
GL# 01-10-00253-5308001

DuPage Medical Group
Attn: Finance Suite 300
1100 31st St.
Downers Grove, IL, 60515

INVOICE #
Date:10-7-24

TO Colleen Prola Gonzalez
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone: 630-942-2349
E-mail: prolac@cod.edu

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Radiography	Due on receipt	July 12, 2023

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Spring 2025	2 nd Yr Student (Fern Munoz), 3 credit hour X \$15/hr		45
Spring 2025	1st Yr Student (Miguel Terrazas), 2 credit hour X \$15/hr		30
Spring 2025	1st Yr Student (Brenda Stephenson, 2 credit hour X \$15/hr		30
Spring 2025	1st Yr Student (Valerie Helf), 2 credit hour X \$15/hr		30
	Subtotal		

SALES TAX

TOTAL

135

Make all checks payable to: DuPage Medical Group

THANK YOU FOR YOUR BUSINESS!

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

Dupage medical group

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

Wed, Mar 5, 2025 at 08:00 PM UTC

CC:

BCC:

1 attachment

DuPage Medical Group \$135 SENT AP 3.5.25.pdf