

**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](mailto: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			
Spring 2025			
Spring 2025			
Spring 2025			
		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