

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1083631

**Vendor Name:** Copley Memorial Hospital

**Check Details:**

**Check Number:** 0337548

**Check Amount:** \$ 150.00

**Check Date:** 3/26/2025

**Invoice Details:**

**Invoice Number:** 2025-1

**Invoice Date:** 3/15/2025

**PO Number:** NULL

**Voucher Number:** V0878926

**Document Type:** AP Invoice

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**Document Below**

Vendor# 1083631  
GL# 01-10-00253- 53080001

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**INVOICE**

Rush Copley Medical Center  
2000 Ogden Ave  
Aurora, IL 60504

INVOICE # 2025-1

Date:3.15.2025

**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)  
Cc: [dumfords@cod.edu](mailto:dumfords@cod.edu)

Modality	payment terms	due date
DMIR - Radiography	Due on receipt	March 18, 2025

Date of SEMESTER	description	unit price	line total
Spring 2024	2nd Yr Student (name), 3 credit hours X \$15/hr	45	\$90
	1. Sarena Dickinson 2. Angela Crow		
Spring 2024	1st Yr Student (name), 2 credit hours X \$15/hr	30	\$60
	1. Alyssa Hodges 2. Ruby Covarrubias		

	Subtotal		\$150
Sales Tax			
Total			\$150

Connie Christakes, B.S., R.T. (R)  
Imaging Manager  
2000 Ogden Avenue  
Aurora IL, 60504 T: 630-978-6299

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

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**Copley**

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

Wed, Mar 19, 2025 at 02:54 AM UTC

CC:

BCC:

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**1 attachment**

Copley \$150 invoice SENT AP 3.18.25.pdf