

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1722351

Vendor Name: YFH Medica LLC dba Master Clinician Network

Check Details:

Check Number: 0340440

Check Amount: \$ 918.00

Check Date: 6/24/2025

Invoice Details:

Invoice Number: 59254

Invoice Date: 6/10/2025

PO Number: P0017177

Voucher Number: V0891150

Document Type: AP Invoice

Document Below

Master Clinician Network, LLC

Invoice

1002A N SPRINGBROOK ROAD #176
Newberg, OR 97132

971-330-4215

College of DuPage

Invoice Date June 10, 2025
Invoice Number 59254

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
17	CSD Course Materials	54.00	\$918.00
		SUBTOTAL	918.00
		TAX	0.00
			\$918.00
			AMOUNT

DIRECT ALL INQUIRIES TO:
Master Clinician Network, LLC
971-330-4215
email: s.calkins@masterclinician.org

To purchase:
Masterclinician.org
Go to the "Admin Purchase" (upper right corner of site)
Click the "University Purchase" button
Enter all fields and submit

THANK YOU FOR YOUR BUSINESS!

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

Master Clinician INV#59254 \$918.00

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

Tue, Jun 10, 2025 at 07:21 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

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1 attachment

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