

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1036518 **Vendor Name:** Central Dupage Hospital Association

Check Details:

Check Number: 0346495 **Check Amount:** \$ 300.00 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: 2025-3 **Invoice Date:** 11/6/2025 **PO Number:** NULL
Voucher Number: V0913710

Document Type: AP Invoice

Document Below

INVOICE

Central DuPage Hospital
25 N Winfield Road
Winfield, IL 60190

Vendor# 1036518
GL# 01-10-00253-5308001

INVOICE # 2025-3
11/6/2025

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	October 31, 2025

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2025	Lauryn Brown 3 credit hour X \$15/hr		\$45.00
	Jaden Collins 3 credit hour X \$15/hr		\$45.00
	Samantha Sauer 3 credit hour X \$15/hr		\$45.00
	Francis Starble 3 credit hour X \$15/hr		\$45.00
Fall 2025	Gabe Bemont 2 credit hour X \$15/hr		\$30.00
	Jasmin Cruz 2 credit hour X \$15/hr		\$30.00
	Brent Leonard 2 credit hour X \$15/hr		\$30.00
	Kaixin Ouyang 2 credit hour X \$15/hr		\$30.00
	Subtotal		\$300.00
SALES TAX			
TOTAL			\$300.00

Make all checks payable to: Northwestern Medicine Central DuPage Hospital

THANK YOU!

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

CDH

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

Thu, Nov 6, 2025 at 03:07 PM UTC

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

Program Support and Admissions Specialist, Health Sciences

College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

prolac@cod.edu 630-942-2994 (ph) 630-942-4222 (fax)

1 attachment

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