

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1088729 **Vendor Name:** Presence Central & Suburban Hospitals Network,Db a Ascension Mercy

Check Details:

Check Number: 0346146 **Check Amount:** \$ 105.00 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 2025-3 **Invoice Date:** 10/22/2025 **PO Number:** NULL
Voucher Number: V0911078

Document Type: AP Invoice

Document Below

INVOICE

Mercy Medical Center
1325 Highland Ave
Aurora IL, 60506

INVOICE # 2025-3
Date:

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

Vendor# 1088729
GL# 01-10-00253-5308001

MODALITY	PAYMENT TERMS	DUE DATE
DMIR - Radiography	Due on receipt	October 31, 2025

DATE OF SEMESTER	DESCRIPTION	UNIT PRICE	LINE TOTAL
Fall 2024	Connie Leon	\$45.00	\$45
Fall 2024	Emelia Gonzales & Vivian Liang	\$60.00	\$60
	Subtotal		\$105
SALES TAX			NA
TOTAL			\$105

Make all checks payable to: Mercy Medical Center

THANK YOU!

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

Mercy invoice

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

Wed, Oct 22, 2025 at 01:54 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)

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Ascension Mercy \$105 SENT AP 10.22.25.pdf