

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1494057 **Vendor Name:** Castle Branch, Inc

Check Details:

Check Number: E0110926 **Check Amount:** \$ 221.00 **Check Date:** 12/9/2025

Invoice Details:

Invoice Number: 1019535-IN **Invoice Date:** 11/21/2025 **PO Number:** B0002972 **Voucher Number:** V0915418

Document Type: AP Invoice

Document Below



General inquiries please call (888) 723-4263
Pay by phone at (888) 723-4263 x 7195

COLLEGE OF DUPAGE
NURSING FACULTY
425 FAWELL BLVD
HSC 1210
GLEN ELLYN, IL 60137

ATTN: JEFF HELLER

Invoice Number: 1019535-IN
Invoice Date: 11/21/2025
Customer Number: 01-OJ34
Customer P.O.: BO#B002972
Date Due: December 06, 2025

DRUG SCREENING - OJ34

139.00

Please Note: Accounts with past-due balances are subject for suspension.

INVOICE TOTAL: 139.00

CUT HERE



Please remit payment to:

DISA Global Solutions, Inc. / CastleBranch
P.O. Box 737769
Dallas, TX 75373-7769

Pay Online at www.CastleBranch.com/Pay-Bill

Payment Amount \$

Please return this portion of your invoice with your payment.

Attention:

College of DuPage - Nursing Faculty

Billing Period: Through 11/13/2025

Invoice Date	CAC	Account Code	Payment Terms	TOTAL DUE
11/14/2025	OJ34	01-OJ34		\$139.00

Date	Description	D/A	Details	Qty	Unit	Amount
10/23/2025	Other	D	Nancy Tomasek	1.00		\$37.00
10/24/2025	Other	D	Raven Kolski	1.00		\$65.00
11/02/2025	Other	D	Tonya Granados	1.00		\$37.00

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

CastleBranch INV#1019535-IN \$139.00

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

Mon, Nov 24, 2025 at 03:33 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

CastleBranch INV#1019535-IN \$139.00 - sent to AP 11.24.25.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1494057 **Vendor Name:** Castle Branch, Inc

Check Details:

Check Number: E0110926 **Check Amount:** \$ 221.00 **Check Date:** 12/9/2025

Invoice Details:

Invoice Number: 1020016-IN **Invoice Date:** 11/21/2025 **PO Number:** B0003032 **Voucher Number:** V0915434

Document Type: AP Invoice

Document Below

CastleBranch
1844 Sir Tyler Drive
Wilmington, NC 28405



Page:

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General inquiries please call (888) 723-4263
Pay by phone at (888) 723-4263 x 7195

COLLEGE OF DUPAGE - CONTINUING EDUCATION - CEJA
GRANT PROGRAM
425 FAWELL BLVD
GLEN ELLYN, IL 60137

ATTN: REBECCA BAHR

Invoice Number: 1020016-IN
Invoice Date: 11/21/2025
Customer Number: 11-FQ87
Customer P.O.: B0002719
Date Due: December 06, 2025

STUDENT SCREENING - FQ87

82.00

Please Note: Accounts with past-due balances are subject for suspension.

INVOICE TOTAL: 82.00

CUT HERE



Please remit payment to:

DISA Global Solutions, Inc. / CastleBranch
P.O. Box 737769
Dallas, TX 75373-7769

Pay Online at www.CastleBranch.com/Pay-Bill

Payment Amount \$

Please return this portion of your invoice with your payment.

1020016-IN

11-FQ87

82.00

COLLEGE OF DUPAGE - CONTINUING EDUCATION - CEJA

Bell, Richard	***-**-6594	Special ID:	
Ordered by Student - Applicant on 10-27-2025 19:36:04			41.00
FQ87bg			
County-Criminal	US - Illinois - Kane County		
NW Record Indicator with SOI	US - Nationwide		
Social Security Alert	US - Nationwide		
Residency History	US - Nationwide		0.00
Confirmation County Criminal	US - Iowa - Dubuque County		41.00
Total:			
Maxfield, Eric Robert	***-**-4470	Special ID:	
Ordered by Student - Applicant on 11-07-2025 10:18:32			41.00
FQ87bg			
County-Criminal	US - Illinois - Kane County		
NW Record Indicator with SOI	US - Nationwide		
Social Security Alert	US - Nationwide		
Residency History	US - Nationwide		0.00
County-Criminal	US - Wyoming - Laramie County		0.00
Confirmation County Criminal	US - Illinois - Peoria County		41.00
Total:			82.00
Total For Orders:			82.00
Total:			

"Bahr, Rebecca" <bahrr@cod.edu>

2025112015590559 invoice 11.24.257.pdf

"Bahr, Rebecca" <bahrr@cod.edu>

Mon, Nov 24, 2025 at 05:40 PM UTC

CC:

BCC:

Hello,

Please find your Monthly CastleBranch Invoice attached.

Feel free to contact our Client Experience Team at 888-723-4263 or CustomerService@disahealthcare.com for billing issues, general order inquiries, contact changes, or package modifications.

To process a payment please visit www.CastleBranch.com/pay-bill or Dial 888-723-4263 Ext 7195. A username and matching password is required to utilize online bill pay.

If you need a copy of an invoice, contact acct_mail@disahealthcare.com with your customer number.

1 attachment

2025112015590559 invoice 11.24.257.pdf