

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1796328 **Vendor Name:** Neuro Innovations and Counseling Services of Illinois

Check Details:

Check Number: E0114306 **Check Amount:** \$ 2,000.00 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 00059 **Invoice Date:** 5/19/2026 **PO Number:** P0023401
Voucher Number: V0940995

Document Type: AP Invoice

Document Below

NeuroInnovations and Counseling Services of Illinois, LLC
920 Washington Avenue, Winthrop Harbor, IL 60096
Phone 224-216-0095
Email larsonjon@illinoistech.edu

PO # P0023401

Please use GL
06 20 05202 5309001
Leslie Paprocki 5/19/26

INVOICE NO. 00059

DATE__5.19.2026__

BILL TO

College of DuPage
425 Fawell Blvd
BIC 2536D
Glen Ellyn, IL 60137

SHIP TO

Contact: Leslie Paprocki
Paprockil1258@cod.edu

INSTRUCTIONS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	Honest, Open, & Proud Zoom event 5/8/26	\$2,000.00	\$2,000.00
	Choosing If, When, & How to Disclose Mental Illness		
	SUBTOTAL		\$2,000.00
	SALES TAX		n/a
	SHIPPING & HANDLING		0.00
	TOTAL DUE BY DATE _6.30.2026_____		\$2,000.00

"Paprocki, Leslie" <paprockil1258@cod.edu>

NeuroInnovations HOP \$2000

"Paprocki, Leslie" <paprockil1258@cod.edu>

Tue, May 19, 2026 at 06:36 PM UTC

CC:

BCC:

Hello,

Please process the attached invoice.

Thank you!

Leslie Paprocki (she/they)

Human Services Program Specialist, CRSS Success Program

e | paprockil1258@cod.edu

p | 630.942.2070

o | BIC 2536

College of DuPage

425 Fawell Blvd., Glen Ellyn, IL. 60137

1 attachment

Invoice HOP Larson May 2026.pdf