

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0114315 **Check Amount:** \$ 99.43 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 5909401 **Invoice Date:** 5/31/2026 **PO Number:** B0003186
Voucher Number: V0940907

Document Type: AP Invoice

Document Below



RADIATION DETECTION CO

3527 Snead Drive | Georgetown, Texas 78626 | 512.831.7000 | Fax 512.861.0456 | www.radetco.com

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5909401		\$28.16

Bill To

College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Ship To

College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Date	Description	Quantity	Price	Amount
05/18/2026	EasyReturn Label - Shipment 3260363 Group 23 Clinical 2025-2027	1	28.16	28.16

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5909401		\$28.16

Please remit payment to:

Radiation Detection Co
3527 Snead Drive
Georgetown, TX 78626

Pay online at:

<https://myradcare.radetco.com>

Please charge my credit card



Name on Card	
Card Number	
Expiration Date	Amount

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"customercare@radetco.com" <customercare@radetco.com>

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Mon, Jun 1, 2026 at 09:33 AM UTC

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Radiation Detection Company

Invoice Request

As requested, we are providing you with this invoice which has been issued for services on your account.

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Radiation Detection Company

1 attachment

Invoice 5909401.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0114315 **Check Amount:** \$ 99.43 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 5910070 **Invoice Date:** 5/31/2026 **PO Number:** B0003186
Voucher Number: V0940909

Document Type: AP Invoice

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RADIATION DETECTION CO

3527 Snead Drive | Georgetown, Texas 78626 | 512.831.7000 | Fax 512.861.0456 | www.radetco.com

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5910070		\$28.16

Bill To

College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Ship To

College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Date	Description	Quantity	Price	Amount
05/20/2026	EasyReturn Label - Shipment 3263736 Group 26 Clinical 2026-2028	1	28.16	28.16

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5910070		\$28.16

Please remit payment to:

Radiation Detection Co
3527 Snead Drive
Georgetown, TX 78626

Pay online at:

<https://myradcare.radetco.com>

Please charge my credit card



Name on Card	
Card Number	
Expiration Date	Amount

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Radiation Detection Company

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Invoice 5910070.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0114315 **Check Amount:** \$ 99.43 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 5913305 **Invoice Date:** 5/31/2026 **PO Number:** B0003186
Voucher Number: V0940911

Document Type: AP Invoice

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RADIATION DETECTION CO

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Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5913305		\$8.32

Bill To

College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

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Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Group	Order	Shipped	Description	Wear Period	Quantity	Price	Amount
<i>Fetal 2025-2027</i>							
30	3834654.1	05/18/2026	82 TLD XBG Badge	06/11/2026-07/10/2026	1	0.00	0.00
30	3834654.1	05/18/2026	82 TLD XBG Badge	06/11/2026-07/10/2026	1	8.32	8.32

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5913305		\$8.32

Please remit payment to:

Radiation Detection Co
3527 Snead Drive
Georgetown, TX 78626

Pay online at:

<https://myradcare.radetco.com>

Please charge my credit card



Name on Card	
Card Number	
Expiration Date	Amount

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"customercare@radetco.com" <customercare@radetco.com>

[External] Your Requested Invoice

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Mon, Jun 1, 2026 at 09:48 AM UTC

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Invoice 5913305.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0114315 **Check Amount:** \$ 99.43 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 5918679 **Invoice Date:** 5/31/2026 **PO Number:** B0002980
Voucher Number: V0940910

Document Type: AP Invoice

Document Below



RADIATION DETECTION CO

3527 Snead Drive | Georgetown, Texas 78626 | 512.831.7000 | Fax 512.861.0456 | www.radetco.com

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5918679		\$34.79

Bill To
College of DuPage
Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

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Attn: Shelli Thacker or Colleen Prola
425 Fawell Blvd
Glen Ellyn IL 60137

Unreturned Dosimeter Charges

Group	Order	Shipped	Unreturned Dosimeters	Quantity	Price	Amount
Nuclear Medicine Cohort 2025-2026						
25	3730849.2	02/12/2026	03/31/2026 PIN 4149272 Yu, Nicole	1	34.79	34.79

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	05/31/2026	5918679		\$34.79

Please remit payment to:

Radiation Detection Co
3527 Snead Drive
Georgetown, TX 78626

Pay online at:

<https://myradcare.radetco.com>

Please charge my credit card



Name on Card	
Card Number	
Expiration Date	Amount

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Mon, Jun 1, 2026 at 10:08 AM UTC

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Invoice 5918679.pdf