

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1372820 **Vendor Name:** Society for Simulation in Healthcare

Check Details:

Check Number: E0114320 **Check Amount:** \$ 1,975.00 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 327731 **Invoice Date:** 6/16/2026 **PO Number:** P0023344
Voucher Number: V0941086

Document Type: AP Invoice

Document Below



Society for Simulation in Healthcare

PO Box 856114 Minneapolis, MN 55485-6114
(866) 730-6127

INVOICE

Date: June 16, 2026

Invoice #: 327731

Bill To:

Samantha Wirth
425 Fawell Blvd
Glen Ellyn, IL 60137-6708

Product Type	Description	Quantity	Price	Amount
Merchandise	CHSE Initial Application Fee	5	\$395.00	\$1,975.00

OTHER COMMENTS

Please make checks payable to Society for Simulation in Healthcare.
Payment is due within 30 days.

If you have any questions concerning the invoice, contact via email at
admin@ssih.org or by phone (866) 730-6127.

Click <https://account.ssih.org/quick-pay?quickpaycode=A-327731-32238-448f2> to pay online.

Sub Total: \$1,975.00

Tax: \$0.00

Shipping: \$0.00

Credit Used: \$0.00

Total: \$1,975.00

Total Payment: \$0.00

Balance Due: \$1,975.00

"Barrios, Isabel" <barriosi142@cod.edu>

InvoiceConfirmation.pdf

"Barrios, Isabel" <barriosi142@cod.edu>

Tue, Jun 16, 2026 at 05:22 PM UTC

CC:

BCC:

1 attachment

InvoiceConfirmation.pdf