

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1626807

Vendor Name: International Joint Commission, On Allied Health Personnel in
Ophthalmology

Check Details:

Check Number: 0339553

Check Amount: \$ 1,275.00

Check Date: 6/3/2025

Invoice Details:

Invoice Number: #186417-COTPrep

Invoice Date: 5/23/2025

PO Number: P0017684

Voucher Number: V0886949

Document Type: AP Invoice

Document Below



2025 Woodlane Drive, St. Paul, Minnesota 55125-2998
651-731-2944 • 800-284-3937 • 651-731-0410 Fax
jcahpo@jcahpo.org • www.jcahpo.org

INVOICE

DATE: May 23, 2025
INVOICE #: 186417-COTPrep

Shipping and Bill To:

College of DuPage
Eye Care Assistant / Ophthalmic Technician Program
425 Fawell Blvd.
Glen Ellyn, IL 60137

PO #P0017684

Contact: Mitzi Roberts

| | Description | Quantity | Price | Amount |
|----------|---|----------|--------|-------------|
| JCEP2011 | Eye Tech Training's COT Prep Course | 5 | 255.00 | \$ 1,275.00 |
| | Must provide the following informaton for all individuals: | | | |
| | Name, Email address, and birthdate | | | |
| | Payment due upon receipt of invoice. | | | |
| | Please include a copy of this invoice with payment. Thank You. | | | |
| | Make checks payable to IJCAHPO and remit to: IJCAHPO Attention: Accounting 2025 Woodlane Drive St Paul, MN 55125-2998 | | | |
| | Contact Laurie Timp with questions at laurie@jcahpo.org or 651-731-7232 | | | |
| | Please fax credit card payments to 651-731-0410. | | | |
| TOTAL | | | | \$ 1,275.00 |

Payment Information:

Check / Money Order: Please make checks payable to IJCAHPO. Checks must be drawn on a U.S. bank.

Credit Card:

_____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____ - _____ - _____ - _____

Security Code: _____ Expiration Date: _____ Cardholder's Zip Code: _____

Name as it appears on credit card. (Please print)

Cardholder's Address

Cardholder's Signature

Certification and Education for Eye Care Excellence

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

IJCAHPO IN#186417-COTPrep \$1,275

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

Tue, May 27, 2025 at 03:13 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

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