

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1251213

Vendor Name: Naperville Psychiatric Ventures dba Linden Oaks Hospital

Check Details:

Check Number: 0344283

Check Amount: \$ 719.75

Check Date: 9/30/2025

Invoice Details:

Invoice Number: 082525COD

Invoice Date: 8/26/2025

PO Number: P0019444

Voucher Number: V0905817

Document Type: AP Invoice

Document Below



Endeavor HealthSM

Linden Oaks Mental Health Services

EEHealth Corporate Center
4201 winfield Road
Linden Oaks Marketing MHFA, 5th Floor
Warrenville, IL 60555
trina.lueckhoff@eehealth.org

Date: 08/26/25

Invoice :
082525COD
PO# P0019444

Bill To:

Callie Matthey
College of Dupage

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Facilitation Fee	1	\$ 600.00	\$ 600.00
Attendee Fee	5	\$ 23.95	\$ 119.75
Total			\$ 719.75

NET 30

Make Checks Payable to Linden Oaks
Behavioral Health (Attention: MHFA-9082)

REMIT TO ADDRESS:

EEHealth Corporate Center
4201 Winfield Road
Attn: Trina Lueckhoff (LOH Marketing)
Warrenville, IL 60555

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Thank you for your business!

"Lueckhoff, Trina" <trina.lueckhoff@endeavorhealth.org>

[External] RE: College of DuPage PO# P0019444

"Lueckhoff, Trina" <trina.lueckhoff@endeavorhealth.org>

Tue, Sep 23, 2025 at 07:46 PM UTC

CC: Bahr, Rebecca <bahrr@cod.edu>

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Eric,

Thank you for your email. I want to make sure I am following the correct process outlined below. I have attached a copy of the invoice and included the PO on it to help with processing.

Please process accordingly or let me know if additional steps are required to move this invoice forward.

[Trina Lueckhoff](#) (she/her/hers)

Community Representative, Mental Health First Aid Instructor, Adult/Youth/Older Adult/Teen

Endeavor Health Linden Oaks Hospital

Trina.Lueckhoff@EndeavorHealth.org

(630) 646-5158 work

From: Frick, Eric <fricke@cod.edu>
Sent: Wednesday, September 17, 2025 9:00 AM
To: trina.lueckhoff@eehealth.org
Cc: Bahr, Rebecca <bahrr@cod.edu>
Subject: [EXTERNAL]College of DuPage PO# P0019444



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DO NOT click links, open attachments, or provide sensitive information if the sender is unknown.
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Dear Vendor,

Please review referenced below and confirm receipt of PO (Reply ALL) and process accordingly.

Embedded below is a College of DuPage (COD) Purchase Order for processing. To avoid any confusion, COD requests all packages include the PO # for each shipment.

Shipping questions? Contact the COD Warehouse at: 630-942-2550

Invoicing

Procurement Services does not process payments.

The College of DuPage is making considerable efforts to move towards a more efficient and streamlined process for our vendor payments. Per our Purchase Order terms and conditions, please submit all invoices directly to our Accounts Payable Department.

Invoices must be sent in **PDF format** to invoicing@cod.edu to ensure proper approval routing and expedited payments.

Submission of Invoices Instructions

- Invoices containing Purchase Order Numbers must clearly be indicated on the invoice
- Electronic Invoices must be submitted in PDF format only
- **One invoice per e-mail is required**
- Non-PO invoices must contain department number for proper routing of approvals

Safer, Efficient, and Expedited Payments

ACH Payments

For safe, efficient, and faster processing of payments, we encourage our vendors to sign up to receive ACH payments through our secured website free of charge. ACH or Automated Clearing House is an electronic network for processing transactions. Once payments have been approved, they are directly deposited into vendor's accounts the following business day.

Please submit requests to purchasing@cod.edu

Invoice questions? Contact Accounts Payable at invoicing@cod.edu or 630-942-2228

Thank you!

Procurement Services

Purchasing@cod.edu



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1 attachment

082525 COD Invoice .pdf