

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1470233

Vendor Name: Radiation Detection Company

Check Details:

Check Number: E0109386

Check Amount: \$ 77.54

Check Date: 9/3/2025

Invoice Details:

Invoice Number: 5740972

Invoice Date: 8/31/2025

PO Number: B0002980

Voucher Number: V0899053

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	08/31/2025	5740972	370454	\$19.87

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

Ship To
Judy Loughlin
735 Leicester Rd.
Elk Grove Village IL 60007

Date	Description	Quantity	Price	Amount
08/21/2025	EasyReturn Label - Shipment 3049130 Group 18	1	19.87	19.87

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	08/31/2025	5740972	370454	\$19.87




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

A 2.75% credit card processing fee will be applied to all payments made by credit card.

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

[External] Your Requested Invoice

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

Mon, Sep 1, 2025 at 09:21 AM UTC

CC:

BCC:

body, td { font-family: Verdana, Arial, Helvetica, sans-serif; font-size: 11px; } .Personality1 { text-align: right; font-family: Verdana, Arial, Helvetica, sans-serif; font-weight: bold; font-size: 12px; color: #828282; } .GreyText { font-family: Verdana, Arial, Helvetica, sans-serif; font-size: 11px; color: #828282; } .ViewGrid { border: solid 1px #e6e6e6; line-height: 18px; } .ViewGridHeader { font-family: Trebuchet MS, Verdana, Arial, Helvetica, sans-serif; font-weight: normal; font-size: 11px; font-style: italic; color: #5c5c5c; line-height: 24px; } .ViewGridHeader th { padding-left: 4px; } .ViewGrid td { padding-left: 4px; } .ViewGridItem { background-color: #dce2e9; } .ViewGridAltItem { background-color: #fff; }

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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.

Thank you,
Radiation Detection Company

1 attachment

Invoice 5740972.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1470233

Vendor Name: Radiation Detection Company

Check Details:

Check Number: E0109386

Check Amount: \$ 77.54

Check Date: 9/3/2025

Invoice Details:

Invoice Number: 5741655

Invoice Date: 8/31/2025

PO Number: B0003186

Voucher Number: V0899054

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	08/31/2025	5741655	B0003186	\$19.87

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

Ship To
College of DuPage
Attn: Sue Dumford
Health Science Center – HSC 1220
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Date	Description	Quantity	Price	Amount	
08/27/2025	EasyReturn Label - Shipment 3052641 Group 29	Mammography - 8/25/25-12/19/25 - Fetal	1	19.87	19.87

Please detach and return this portion with your payment

Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	08/31/2025	5741655	B0003186	\$19.87




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

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

Mon, Sep 1, 2025 at 09:24 AM UTC

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Invoice 5741655.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1470233

Vendor Name: Radiation Detection Company

Check Details:

Check Number: E0109386

Check Amount: \$ 77.54

Check Date: 9/3/2025

Invoice Details:

Invoice Number: 5743666

Invoice Date: 8/31/2025

PO Number: B0003186

Voucher Number: V0899056

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	08/31/2025	5743666	B0003186	\$7.56

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

Ship To
College of DuPage
Attn: Sue Dumford
Health Science Center – HSC 1220
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Group	Order	Shipped	Description	Wear Period	Quantity	Price	Amount
Mammography - 8/25/25-12/19/25 - Fetal							
29	3579660.1	08/27/2025	82 TLD XBG Badge	09/25/2025-10/24/2025	1	0.00	0.00
29	3579660.1	08/27/2025	82 TLD XBG Badge	09/25/2025-10/24/2025	1	7.56	7.56

Please detach and return this portion with your payment




Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	08/31/2025	5743666	B0003186	\$7.56

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, Sep 1, 2025 at 09:34 AM UTC

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Vendor Number: 1470233

Vendor Name: Radiation Detection Company

Check Details:

Check Number: E0109386

Check Amount: \$ 77.54

Check Date: 9/3/2025

Invoice Details:

Invoice Number: 5734665

Invoice Date: 8/31/2025

PO Number: B0002980

Voucher Number: V0899058

Document Type: AP Invoice

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RADIATION DETECTION CO

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Account	Date	Invoice	Purchase Order	Amount
104874	08/31/2025	5743665	B0003186	\$30.24

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

Ship To
Judy Loughlin
735 Leicester Rd.
Elk Grove Village IL 60007

Group	Order	Shipped	Description	Wear Period	Quantity	Price	Amount
Computed Tomography 2023/2024							
18	3574999.1	08/21/2025	82 TLD XBG Badge	09/19/2025-10/18/2025	1	0.00	0.00
18	3574999.1	08/21/2025	82 TLD XBG Badge	09/19/2025-10/18/2025	4	7.56	30.24

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Account	Date	Invoice	Purchase Order	Amount
104874	08/31/2025	5743665	B0003186	\$30.24




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