

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1083631 **Vendor Name:** Copley Memorial Hospital

Check Details:

Check Number: 0346699 **Check Amount:** \$ 150.00 **Check Date:** 11/25/2025

Invoice Details:

Invoice Number: 2025-3 **Invoice Date:** 10/24/2025 **PO Number:** NULL
Voucher Number: V0914269

Document Type: AP Invoice

Document Below

Vendor# 1083631
GL# 01-10-00253-5308001

INVOICE

Rush Copley Medical Center

2000 Ogden Ave

Aurora Il. 60504

630-499-2371

INVOICE # 2025-3

Date:

Modality	payment terms	due date
DMIR - Radiography	Due on receipt	October 31, 2025

[illegible]

	Subtotal		\$
		Sales Tax	NA
		Total	\$150.00\$