

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0110363 **Check Amount:** \$ 69.83 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 5779444 **Invoice Date:** 10/31/2025 **PO Number:** B0003186 **Voucher Number:** V0912693

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	10/31/2025	5779444	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
10/29/2025	EasyReturn Label - Shipment 3101534 Group 29	1	19.87	19.87

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Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5779444	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>

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Sat, Nov 1, 2025 at 09:39 AM UTC

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Radiation Detection Company

Invoice Request

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Thank you,
Radiation Detection Company

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Invoice 5779444.pdf

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Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0110363 **Check Amount:** \$ 69.83 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 5781449 **Invoice Date:** 10/31/2025 **PO Number:** B0003186 **Voucher Number:** V0912694

Document Type: AP Invoice

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Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5781449	B0003186	\$11.52

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							
28	3634796.1	10/29/2025	82 TLD XBG Badge	11/04/2025-12/24/2025	1	11.52	11.52

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Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5781449	B0003186	\$11.52

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3527 Snead Drive
Georgetown, TX 78626

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Name on Card	
Card Number	
Expiration Date	Amount

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Invoice 5781449.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1470233 **Vendor Name:** Radiation Detection Company

Check Details:

Check Number: E0110363 **Check Amount:** \$ 69.83 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 5781448 **Invoice Date:** 10/31/2025 **PO Number:** B0002980 **Voucher Number:** V0912695

Document Type: AP Invoice

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Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5781448	B0003186	\$15.76

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

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

Group	Order	Shipped	Description	Wear Period	Quantity	Price	Amount
Nuclear Medicine Cohort 2025-2026							
25	3626596.1	10/21/2025	82 TLD XBG Badge	11/01/2025-11/30/2025	1	7.56	7.56
25	3626596.2	10/21/2025	ORA ORA Ring	11/01/2025-11/30/2025	1	8.20	8.20

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Payment terms are NET 30 days

Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5781448	B0003186	\$15.76




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3527 Snead Drive
Georgetown, TX 78626

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Name on Card	
Card Number	
Expiration Date	Amount

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Check Number: E0110363 **Check Amount:** \$ 69.83 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 5781450 **Invoice Date:** 10/31/2025 **PO Number:** B0003186 **Voucher Number:** V0912696

Document Type: AP Invoice

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Account	Date	Invoice	Purchase Order	Amount
104874	10/31/2025	5781450	B0003186	\$22.68

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	3632236.1	10/23/2025	82 TLD XBG Badge	11/01/2025-11/24/2025	1	7.56	7.56
29	3635530.1	10/29/2025	82 TLD XBG Badge	11/25/2025-12/24/2025	1	0.00	0.00
29	3635530.1	10/29/2025	82 TLD XBG Badge	11/25/2025-12/24/2025	2	7.56	15.12

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104874	10/31/2025	5781450	B0003186	\$22.68




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