

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1626807 **Vendor Name:** International Joint Commission, On Allied Health Personnel in Ophthalmology

**Check Details:**

**Check Number:** 0346988 **Check Amount:** \$ 225.00 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** 53381-0925 **Invoice Date:** 9/25/2025 **PO Number:** P0019748 **Voucher Number:** V0915794

**Document Type:** AP Invoice

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**Document Below**

## INVOICE

DATE: September 25, 2025  
INVOICE #: 53381-0925

**Shipping and Bill To:**

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

Contact: Mitzi Thomas #159808

	Description	Quantity	Price	Amount
JCSM1090	Learning Systems - Contact Lens Basics	1	45.00	\$ 45.00
JCSM1030	Learning Systems - Retinoscopy & Refinement	1	45.00	\$ 45.00
JCSM1020	Learning Systems - Ocular Motility	1	45.00	\$ 45.00
JCSM1010	Learning Systems - Lensometry	1	45.00	\$ 45.00
JCSM1000	Learning Systems - Keratometry	1	45.00	\$ 45.00
<b>Will be under ID# 159808 Mitzi Thomas</b>				
<b>Payment due upon receipt of invoice.</b>				
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 <a href="mailto:laurie@jcahpo.org">laurie@jcahpo.org</a> or 651-731-7232				
Please fax credit card payments to 651-683-5005.				
<b>TOTAL</b>				<b>\$ 225.00</b>

**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>

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**RE: PO# P0019748**

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

Wed, Dec 3, 2025 at 05:42 PM UTC

CC: Maday, Kari <madayk2239@cod.edu>

BCC:

Hello,

Attached is the invoice.

Thank you,

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](mailto:langj@cod.edu)

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**From:** Santos, Christine <santosc489@cod.edu>

**Sent:** Wednesday, December 3, 2025 11:39 AM

**To:** Invoicing <invoicing@cod.edu>

**Cc:** Maday, Kari <madayk2239@cod.edu>; Lang, Jessica <langj@cod.edu>

**Subject:** PO# P0019748

Please process payment for PO# P0019748.

Thank you,

[Christine Santos](#)

College of DuPage

CTE Program Specialist

(630)942-3226

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**1 attachment**

IJCAHPO INV#53381-0925 \$225.00.pdf