

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1562403

Vendor Name: Gracie Garza

Invoice Number: 052620

Invoice Date: 05/26/20

PO Number:

Check Number: 0268312

Check Amount: \$ 80.00

Check Date: 06/10/2020

Department ID: 12691

Reviewer Name:

Voucher Number: V0625581

Redaction Type: FERPA

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: acctpay@cod.edu  
Sent: Thu Jun 04 12:50:03 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Garza Check Request  
-----

**From:** Hernandez, Shannon <hernan@cod.edu>  
**Sent:** Thursday, June 4, 2020 10:03 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Garza Check Request

College of DuPage - Accounts Payable  
Check Request Form  
revised 3/27/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 5/26/2020  
Vendor ID: [REDACTED]

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	12691	2900099	Funds Held in Custody of Othr	\$ 80.00
Grand Total							\$ 80.00

Check the appropriate box below and sign

- ☒ **AP VERIFIED**  
I, the undersigned, hereby certify that the goods/services for which payment is requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ **06/04/20 - MARIA ZERRUDO**  
I, the undersigned, hereby certify that the goods/services for which payment is requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

Payee Name:

Other Instructions:

Payee Address:

Description on Check:

Reimbursement for Phi Theta Kappa membership fee. She is a Presidential Scholar and paid her membership fee online. Presidential Scholars' membership fees are paid and submitted by the College so she needs to be reimbursed.

Approvals:

Prepared By:

Shannon Hernandez

Approved By:

Chuck Steele

Date:

Signature:

*Shannon Hernandez*

Signature:

*Chuck Steele*

Payment Due:

5/26/2020

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

6/4/2020

Membership Acceptance Summary

Reply | ▾



Delete

Junk | ▾



Membership Acceptance Summary

x