

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1608803
Vendor Name: Integrated Solutions Consultin
Invoice Number: CES20200106-00013
Invoice Date: 05/22/20
PO Number:
Check Number: 0268330
Check Amount: \$ 1,653.00
Check Date: 06/10/2020
Department ID: 13290
Reviewer Name:
Voucher Number: V0623198
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: acctpay@cod.edu
Sent: Fri May 22 16:11:13 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund

From: Roberts, Ellen
Sent: Friday, May 22, 2020 2:05 PM
To: Accounts Payable <acctpay@cod.edu>
Cc: Schultz, Eric <schultze399@cod.edu>
Subject: FW: Refund

Good afternoon,

The attached is ready for processing.

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Schultz, Eric <schultze399@cod.edu>
Sent: Friday, May 22, 2020 1:03 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: Refund

Ellen, attached is a refund from one of Jen clients. If you could please sign and send on to AP, would be appreciated...

Thanks, have a great safe day and weekend!!!

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: 5/22/2020
Vendor ID: 1608803

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
CES20200106-00013		01	90	13290	4600001	Facilities Rental	\$ 1,653.00

Grand Total \$ 1,653.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and indicate:

☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

06/02/20 - BETHANY CRUSE

☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Integrated Solutions Consulting

Other
Instructions:

Attn: Susan Martin

Payee Address: P.O. Box 304
Prospect Heights, IL 60070

Description on Check:

Refund of Room Rental for Canceled Event due to COVID-19

Approvals:

Prepared By: Jennifer Charles

Signature:

Payment Due:

Board Approved Date:

Approved By:

Signature:

Approved By:

Signature:

Approved By Division VP:

Signature:

AP VERIFIED
APPROVED

By Eric Schultz at 1:00 pm, May 22, 2020

Date:

Date:

Date:

5.22.2020

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

From: cruseb199@cod.edu
Sent: Thu May 28 13:56:13 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Integrated Solutions Consulting

Thanks

Bethany Cruse
AP Lead
College Of DuPage

From: Charles, Jennifer <charlesj36@cod.edu>
Sent: Thursday, May 28, 2020 1:20 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: Re: Integrated Solutions Consulting

Hi Bethany,

Please see attached.

Let me know if you have any questions.

Jen

Jennifer Charles
Conference and Event Specialist
College of DuPage

From: Cruse, Bethany
Sent: Tuesday, May 26, 2020 12:46:08 PM
To: Charles, Jennifer
Subject: Integrated Solutions Consulting

Jennifer,
Please provide backup for this contract. This should be included when you scan the check request to acctpay or invoicing for processing.
Thanks

Bethany Cruse
AP Lead
College Of DuPage

