

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0000003

Vendor Name: College of DuPage

Invoice Number: PETTYCASHREIMB

Invoice Date: 06/11/20

PO Number:

Check Number: 0268957

Check Amount: \$ 72.89

Check Date: 06/17/2020

Department ID: 00345

Reviewer Name:

Voucher Number: V0630342

Redaction Type: None

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

Document Below

From: zerrudom@cod.edu
Sent: Mon Jun 15 09:37:49 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - Petty Cash

From: Resnick, Michelle
Sent: Monday, June 15, 2020 9:35 AM
To: Zerrudo, Maria <zerrudom@cod.edu>; Barrios, Isabel <barriosi142@cod.edu>; Cruse, Bethany <cruseb199@cod.edu>
Cc: Refakes, Eugene <refakese@cod.edu>
Subject: FW: Check Request - Petty Cash

Good Morning,

Attached please find a signed check request for petty cash reimbursement to the Cashier's Office. The total request is for \$72.89. Please process.

Please let me know if you have any questions or concerns.
Have a great week!

Michelle Resnick
Manager of Accounts Receivable
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone 630.942.3052 | Fax 630.942.2297

From: Virgilio, David <virgiliod@cod.edu>
Sent: Thursday, June 11, 2020 6:51 PM
To: Resnick, Michelle <resnickm@cod.edu>
Subject: RE: Check Request - Petty Cash

Approved.

David P. Virgilio, C.P.A.
Interim Controller / Assistant Financial Controller – Financial Affairs
College of DuPage – Glen Ellyn, IL
phone 630.942.3028 – fax 630.942.2297

Check out the Financial Affairs Team Site [Here](#)

From: Resnick, Michelle <resnickm@cod.edu>
Sent: Thursday, June 11, 2020 4:37 PM
To: Virgilio, David <virgiliod@cod.edu>
Subject: Check Request - Petty Cash

Hi,

Can you please sign this whenever you get a chance?

Thank you.

Thank you.

Michelle Resnick

Manager of Accounts Receivable

College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599

Phone 630.942.3052 | Fax 630.942.2297

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: 6/11/2020
Vendor ID: 0000003

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	10	00345	5401002	Instructional Supplies	\$ 47.92
		01	10	00297	5409002	Non-Capital equipment	\$ 24.97

Grand Total

\$ 72.89

AP VERIFIED

06/17/20 - MARIA ZERRUDO

Check the appropriate box below and sign

☒ 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.

☐ 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: College of DuPage/Petty Cash Fund

Other Instructions: Please send check to the Cashier's Office, BIC2424

Payee Address: 425 Fawell Blvd, Glen Ellyn, IL 60137

Description on Check:

Petty Cash Reimbursement

Approvals:

Prepared By: Karen F. Pipal

Reviewed By: Date:

Signature:

Signature: Michelle Resnick
Digitally signed by Michelle Resnick
Date: 2020.06.11 16:35:15 -05'00'

Payment Due: 6/11/2020

Approved By: Date:

Board Approved Date:

Signature: **APPROVED**
By David P Virgilio at 6:50 pm, Jun 11, 2020

Approved By Division VP: Date:

Signature:

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

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: Music

Date: 2/20/20

Description	GL Number	Amount
Supplies for Studio.	01-10-00345-5401002	\$31.66
Total Reimbursement Request:		\$ 31.66.

Employee Name: Ken Paoli

Employee Signature: Kenneth J. Paoli

Dept. Authorized Signer Name: Chuck Boone

Authorized Signature: Chuck Boone

Date Received: 2/25/20

Cashier's Office Use Only

Cashier Name: A. Bitter

Request Approved By: Jon L. Schute

Funds Received By: Kenneth J. Paoli

Updated 06.2018

**Final Details for Order #112-0704506-8658653**Print this page for your records.**Order Placed:** January 29, 2020**Amazon.com order number:** 112-0704506-8658653**Order Total:** \$33.64**Shipped on January 30, 2020****Items Ordered****Price**1 of: *PACE iLok3 USB Key Software Authorization Device (99007120900)*

\$31.66

Sold by: Amazon.com Services LLC

Condition: New

Shipping Address:Kenneth N. Paoli
2033 GLADSTONE DR
WHEATON, IL 60189-5825
United States**Shipping Speed:**

FREE Shipping

Payment information**Payment Method:**

Bank Account | Last 2 digits: 76

Billing addressKenneth N. Paoli
2033 GLADSTONE DR
WHEATON, IL 60189-5825
United States

Item(s) Subtotal: \$31.66

Shipping & Handling: \$7.01

Free Shipping: -\$7.01

Total before tax: \$31.66

Estimated tax to be collected: \$1.98

Grand Total: \$33.64To view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2020, Amazon.com, Inc. or its affiliates

#12

College of DuPage

Petty Cash Reimbursement Request

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: ArtDate: 2/12/2020

Description	GL Number	Amount
Respirator mask (P100)	01-10-00297-5409002	24.97
Total Reimbursement Request:		\$ 24.97

Employee Name: Levi YastrowEmployee Signature: [Signature]Dept. Authorized Signer Name: [Signature]Authorized Signature: CHARLES BOON

Cashier's Office Use Only

Date Received: 2/19/2020Cashier Name: Gali SheldonRequest Approved By: [Signature]Funds Received By: [Signature]

Updated 06.2018



More saving.
More doing.SM

2000 BUTTERFIELD RD.
DOWNERS GROVE, IL 60515 (630)792-9600

1916 00052 84328 02/11/20 04:21 PM
SALE CASHIER CHRISTOPHER

051131919594 RESPIRATOR <A> 24.97N
3M P100 MOLD/LEAD RESPIRATOR KIT M/L

SUBTOTAL 24.97
SALES TAX 0.00

TAX EXEMPT TOTAL \$24.97

XXXXXXXXXXXX6420 DEBIT USD\$ 24.97

AUTH CODE 232516
Chip Read Verified By PIN
AID A0000000980840 US DEBIT



1916 52 84328 02/11/2020 6929

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 05/11/2020

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 170861 168997
PASSWORD: 20111 168945

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

#3



Petty Cash Reimbursement Request

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: MusicDate: 2/19/20

Description	GL Number	Amount
Instrument part	01-10-00345-5401002	\$10.26
"	01-10-00345-5401002	\$3.00
" "	01-10-00345-5401002	\$3.00

Total Reimbursement Request: \$ 16.26Employee Name: Sharon JonesEmployee Signature: [Signature]Dept. Authorized Signer Name: CHARLES BROWNAuthorized Signature: [Signature]

Cashier's Office Use Only

Date Received: 2-20-20Cashier Name: [Signature]Request Approved By: [Signature]Funds Received By: [Signature]

Updated 06.2018



Neil A. Kjos Music Company - Publisher

P.O. Box 178270, San Diego, CA 92177-8270

TAX ID# 33-0116232

1-800-854-1592

INVOICE

#3

Purchase Order Number:

Shipped Via:

Terms:

Ship To:

241544-020720

U UPS COMMERCIAL GRND

PREPAID

COLLEGE OF DU PAGE

SHARON JONES

425 FAWELL BLVD

GLEN ELLYN IL 60137

Sales Rep. No. 1

Sales Rep. No. 2

2 GENERAL

KC KAITLIN C.

Bill To:

COLLEGE OF DU PAGE

425 FAWELL BLVD

GLEN ELLYN IL 60137



06241544 874103

SPECIAL

INSTRUCTIONS:

REC FOR V/04040C

PURCHASE ORDER NUMBER	INVOICE #	DATE	Account Numbers	BILL TO:	SHIP TO:	TERMS
241544-020720	874103	02-07-20			241544 241544	PREPAID

QUANTITY	PRODUCT NUMBER	TITLE	SALES TYPE	UNIT PRICE
1	PART B	<p>THANK YOU FOR YOUR ORDER !!!</p> <p>*****</p> <p>ALL SALES ARE FINAL - RETURN AUTHORIZATION REQUIRED FOR ALL MISSHIPMENTS, DAMAGED OR DEFECTIVE PRODUCTS. REQUESTS MUST BE REQUESTED WITHIN 10 DAYS OF RECEIPT. HEREUNDER SHALL BE AT THE RISK OF THE BUYER. DELIVERY BY THE SELLER TO THE CARRIER IS FINAL. CUSTOMER SERVICE 7am-4pm M-F (800) 854-1592</p> <p>PLEASE NOTE OUR MINIMUM ORDER IS \$20.00</p> <p>"ALL VALUES IN U.S. DOLLARS"</p> <p>PART - BAND</p> <p>B375 CHORALE AND SHAKER DANCE</p> <p>1 OF PART TENNOR SAX</p>		2.00

LED BY

PACKED BY

SALES TYPES

1 = Regular Sale

2 = Complimentary Product (No Charge)

3 = New Issue

1/1

800 LINE

SHIPPING & HANDLING

CASH RECEIVED

PAY THIS AMOUNT

Jones, Sharon

From: kaitlin@kjos.com <noreply@slimcd.com>
Sent: Friday, February 7, 2020 11:03 AM
To: Jones, Sharon
Subject: Receipt from NEIL A KJOS MUSIC

Receipt - Ticket #:450710180

APPROVED

NEIL A KJOS MUSIC
4382 JUTLAND DRIVE
SAN DIEGO, CA 92117
800-854-1592
NA

Date: 2/7/2020 12:01:41 PM (ET)
PaymentType: Credit Card (Card Not Present)
BrandType: VISA
TransType: SALE
Customer ID: 241544
Name: SHARON JONES
Card Number: XXXXXXXXXXXX8307 *
Merchant ID: 000021503128 / 001
Clerk: kaitlinc15
Auth Code: 04040C
AVS Reply: (Y) ZIP/Address Match
CVV2 Card Code: (M) Match
Processor ID#: FTR:102021352
Invoice #: 874103
Purchase Order #: 241544-020720

Device: NONE
TermID: 001
Entry: Keyed

Amount: \$10.26 USD

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
THE TOTAL SHOWN HEREON AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY
THE CARDMEMBER'S AGREEMENT WITH ISSUER

SIGNATURE NOT REQUIRED

Neil A. Kjos Music Company
P.O. Box 178270, San Diego, Ca 92177-8270
Tax Id # 33-0116232
1-800-854-1592

INVOICE

Invoice Total

\$0.00



Purchase Order Number: 241544-020720
Shipped Via: U UPS COMMERCIAL GRND
Terms: PREPAID

Invoice Number: 874103
Invoice Date: 2/7/2020
Page: 1

Sales Rep No1: 2 GENERAL
Sales Rep No2: KC KAITLIN C.

Ship To:
COLLEGE OF DU PAGE
SHARON JONES
425 FAWELL BLVD
GLEN ELLYN IL 60137

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137

Special
Instructions: REC FOR V/04040C

Purchase Order		Account Numbers	Invoice #		Date	Terms
41544-020720		Bill To: 241544 Ship To: 241544	874103		2/7/2020	PREPAID
Qty	Product Number	Title	Type	Unit Price	% Disc	Extended Net Amount
1	PARTB	PART - BAND	R	2.00	0	2.00

THANK YOU FOR YOUR ORDER !!!

ALL SALES ARE FINAL - RETURN AUTHORIZATIONS FOR
MISSHIPMENTS, DAMAGED OR DEFECTIVE PRODUCT MUST
BE REQUESTED WITHIN 10 DAYS OF RECEIPT. THE GOODS SOLD
HEREUNDER SHALL BE AT THE RISK OF THE BUYER UPON
DELIVERY BY THE SELLER TO THE CARRIER F.O.B SHIPPING
POINT. CUSTOMER SERVICE 7am-4pm M-F (800) 854-1592.

PLEASE NOTE OUR MINIMUM ORDER IS \$20.00 NET.

"ALL VALUES IN U.S. DOLLARS"

Shipping & Handling	8.26
Cash Received	-10.26
Pay This Amount	0.00



191 Sheree Blvd, Exton, PA 19341
www.jwpepper.com

#3

Bill To:

College Of Du Page
1167 Greensfield Drive
NAPERVILLE, IL 60563
United States

Ship To:

College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137
United States

Sales Order #

1681733

Sold to: College Of Du Page

Sales Order Date	Account #	Contact	Payment Terms	Ship Via	Purchase Order #
07-FEB-2020	535274	Sharon Jones	Credit Card	20-FEDEX GROUND COMMERCIAL	

#	Description	Ship Whse	Quantity Ordered	Unit Price	Extended Amount
1.1	83618E, LA FIESTA MEXICANA EPRINT	101 EXT	1	\$ 3.00	\$ 3.00

Merchandise Total \$ 3.00

**Order Acknowledgement
Invoice to Follow**

P.O. Box 642
Exton, PA 19341

Phone: 1-800-345-6296
Fax: 1-800-260-1482
satisfaction@jwpepper.com



191 Sheree Blvd, Exton, PA 19341
www.jwpepper.com

**Bill To:**

College Of Du Page
1167 Greensfield Drive
NAPERVILLE, IL 60563
United States

Ship To:

College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137
United States

Sales Order #

1681404

Sold to: College Of Du Page

Sales Order Date	Account #	Contact	Payment Terms	Ship Via	Purchase Order #
07-FEB-2020	535274	Sharon Jones	Credit Card	20-FEDEX GROUND COMMERCIAL	

#	Description	Ship Whse	Quantity Ordered	Unit Price	Extended Amount
1.1	83618E, LA FIESTA MEXICANA EPRINT	101 EXT	1	\$ 3.00	\$ 3.00

Merchandise Total \$ 3.00

**Order Acknowledgement
Invoice to Follow**

P.O. Box 642
Exton, PA 19341

Phone: 1-800-345-6296
Fax: 1-800-260-1482
satisfaction@jwpepper.com