

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1065429

Vendor Name: Azari C. Ruffin

Invoice Number: 062220

Invoice Date: 06/22/20

PO Number:

Check Number: 0270984

Check Amount: \$ 25.00

Check Date: 07/14/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0631395

Redaction Type: None

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

Document Below

AP VERIFIED

06/24/20 - ISABEL BARRIOS

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: 6/22/2020

Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	00	00000	2300006	Locker Deposits Payable	\$ 25.00
Grand Total							\$ 25.00

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:

Other
Instructions:

Payee Address:

Description on Check:

Locker key deposit refund

Approvals:

Prepared By:

Lisa Erl

Approved By:

Ellen Roberts

Date:

Signature:

REVIEWED

By Lisa Erl at 2:09 pm, Jun 22, 2020

Signature:

Ellen M. Roberts

6.22.2020

Payment Due:

Next Check Run

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

COLLEGE OF DUPAGE STUDENT BOOK LOCKER SPACE USE AGREEMENT

I request the use of a student book locker for the term

_____ to _____. I understand and agree to the following terms of use:

1. I will pay a \$25 refundable key deposit. The key must be returned no later than 5 p.m. on the last Friday of the term noted above, or the deposit will be forfeited. All keys will be issued the first day of each term. A signed Space Use Agreement and all fees must be submitted to the office of Business Affairs (SSC1210), prior to issuance of a key. A \$10 fee will be charged for lost keys.
2. Use fees will be \$20 per semester, or \$50 per academic year (Fall through Summer terms only). Partial terms will pay the full fee if greater than one-half of the term remains, or \$10 if one-half or less of the term remains. No prorate for annual fee. All payments are due in advance and any refunds shall be processed within two weeks of agreement termination.
3. Each semester term will run from the first day of the term to the last Friday of the term. No use can be arranged between terms except for annual use. All annual use terms will expire on the last Friday of the Summer term to allow the College to perform any required cleaning or maintenance. Keys must be returned to the Business Affairs office (SSC1210) no later than 5 p.m. on the last Friday of Summer term, or the key deposit will be forfeited. Book lockers may not be utilized during Summer break.
4. The College reserves the right to restrict the use of lockers to currently registered students or employees of the institution only and may request proof of current student registration.
5. The College reserves the right to restrict the use of lockers to books, garments and other educational supply storage only. Personal property left in the locker beyond the agreement term above may be disposed of by the College without reimbursement. The College is not liable for the damage or loss of any personal property stored in the locker.
6. The College has the right to inspect the locker at any time to determine proper use.
7. The College will send renewal notice to the email/mail address indicated below prior to agreement termination. If this agreement is not renewed, all contents shall be removed no later than the last day of the term.
8. This agreement may be discontinued at any time by the College for improper use, with no refund for the unused term.

Assigned Locker # C18

Location B1C 1st floor by Seaton

Date 1/22/2020

Paid \$45.00

Cash ☐ Check ☐ Credit Card ☒

Agreed

[Signature]

SPRING
2020

College of DuPage
Location: MAIN
Glen Ellyn, IL

Receipt: 001785660

Date of Receipt: 01/22/20

Cashier ID: JAHNTZP

Received From:
Key Deposit/Locker a Ruffin

Rcpt Codes :
Finance Office Misc Payments
45.00

College of DuPage

Accounts Receivable Deposit Form

total deposit amounts match. Submit the completed form and funds to the Cashier's Office east side of the office. The Cashier's Office will not process incorrect or incomplete forms. e photocopy of the completed form and submit it along with the original form and funds.

VISA 8599

45.00

Total Deposit: \$ 45.00

Date: 1/22/2020

Total: 45.00

Signature X _____

		Deposit Amount (\$)	Description
	06	\$ 25.00	Locker Key Deposit
(Office Copy)	99	\$ 20.00/40.00/50.00	Book Locker Rental-\$20/sem, \$50/yr
- - -		\$	
- - -		\$	
- - -		\$	
- - -		\$	
- - -		\$	

Department: Business Affairs

Event: _____

Remitter: Lisa Erl

Remitter's Extension: 2232

Breakdown of Deposit Amounts

Cash: \$ _____
Checks: \$ _____
Am. Express: \$ _____
Discover: \$ _____
MasterCard: \$ _____
Visa: \$ 45.00
Wire: \$ _____
Total Deposit: \$ 45.00

Cashier's Office Use Only

Monies Verified: ✓
Session Number: 54618
Receipt Number: 001785660
Date Entered: 1/22/20
Cashier Name: Pam J
Notes: _____

From: erll630@cod.edu
Sent: Mon Jun 22 16:41:36 CDT 2020
To: invoicing@cod.edu
CC:
Subject: [REDACTED]

Good Afternoon -

Please see the attached key return refund request for [REDACTED]

Thank you,

Lisa

Lisa G. Erl
Administrative Assistant, Business Services
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2232
erll630@cod.edu