

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1366807  
Vendor Name: Mr Christopher G. Tegeler  
Invoice Number: 062120  
Invoice Date: 06/21/20  
PO Number:  
Check Number: 0271001  
Check Amount: \$ 25.00  
Check Date: 07/14/2020  
Department ID: 00000  
Reviewer Name:  
Voucher Number: V0631386  
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/<br>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 1:33 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](mailto:acctpay@cod.edu)

COLLEGE OF DUPAGE STUDENT BOOK LOCKER SPACE USE AGREEMENT

Fall 2018  
Spring 2019

I, [REDACTED] request the use of a student book locker for the term Fall 2018 to Spring 2019. 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 # C29

Location Seaton Center C29

Date 8/8/18

Paid \$145.00

Cash ☐ Check ☐ Credit Card ☒

Agreed

Name

College of DuPage  
Location: MAIN  
Glen Ellyn, IL

Receipt: 001571544

Date of Receipt: 08/09/18

Cashier ID:

Received From:  
8/9/18 Key&locker 1366807

Rept Codes :  
Finance Office Misc Payments  
65.00

VISA 1164 65.00

Total: 65.00

Signature X \_\_\_\_\_

(Customer Copy)

## 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. Photocopy of the completed form and submit it along with the original form and funds.

Total Deposit: \$

65.00

Date:

8/9/18

#### Deposit Amount (\$)

\$ 25.00

\$ 40

\$

\$

\$

\$

#### Description

Locker Key Deposit

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: \$ 65.00  
Wire: \$ \_\_\_\_\_  
Total Deposit: \$ 65.00

#### Cashier's Office Use Only

Monies Verified:                       
Session Number: 46423  
Receipt Number: 1571544  
Date Entered: 8/9/18  
Cashier Name:                       
Notes: \_\_\_\_\_

# COLLEGE OF DUPAGE STUDENT BOOK LOCKER SPACE USE AGREEMENT

Fall  
2019  
Spring  
2020

I, [REDACTED] to [REDACTED]

request the use of a student book locker for the term [REDACTED]. 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 # C38  
Location Seaton Center  
Date 5/1/19  
Paid \$ 40.00  
Cash ☐ Check ☐ Credit Card ☐

Agreed Jamie Taylor

N

A

E

P

ID

# **College of DuPage** Non-Accounts Receivable Deposit Form

Complete the form in its entirety, ensuring the total deposit amounts match. Submit the completed form and funds to the Cashier's Office or the Cashier's Office drop box, located on the east side of the office. The Cashier's Office will not process incorrect or incomplete forms. To receive a receipt for the deposit, make one photocopy of the completed form and submit it along with the original form and funds.

NARD Code: FMISC

Total Deposit: \$ 40.00

Date: 5/1/19

| GL Number                 | Deposit Amount (\$)  | Description                          |
|---------------------------|----------------------|--------------------------------------|
| 01 - 00 - 00000 - 2300006 | \$ 25.00             | Locker Key Deposit                   |
| 01 - 10 - 00409 - 4900099 | \$ 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

## Cashier's Office Use Only

Cash: \$ \_\_\_\_\_  
 Checks: \$ \_\_\_\_\_  
 Am. Express: \$ \_\_\_\_\_  
 Discover: \$ \_\_\_\_\_  
 MasterCard: \$ \_\_\_\_\_  
 Visa: \$ 40.00  
 Wire: \$ \_\_\_\_\_  
 Total Deposit: \$ \_\_\_\_\_

Monies Verified: \_\_\_\_\_  
 Session Number: 50366  
 Receipt Number: 0010716845  
 Date Entered: 5/1/19  
 Cashier Name: A Butler  
 Notes: \_\_\_\_\_

-----  
From: erll630@cod.edu  
Sent: Tue Jun 23 07:29:25 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: [REDACTED] Key Return Refund Request  
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Good Morning -

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