

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1353958

Vendor Name: Mr John D. Tufo

Invoice Number: 062220

Invoice Date: 06/22/20

PO Number:

Check Number: 0271005

Check Amount: \$ 25.00

Check Date: 07/14/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0632596

Redaction Type: None

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

Document Below

AP VERIFIED

07/02/20 - 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: Student ID# N/A Adjunct Faculty

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: [REDACTED]
Payee Address: 2617 E. Walnut Ct.
Wodridge, IL 60517

Other Instructions: [REDACTED]

Description on Check:

Locker key deposit refund

Approvals:

Prepared By: Lisa Erl
Signature: **REVIEWED**
By Lisa Erl at 2:05 pm, Jun 22, 2020
Payment Due: Next Check Run
Board Approved Date:

Approved By: Ellen Roberts
Signature: *Ellen M. Roberts*
Date: 6.22.2020
Approved By: [REDACTED]
Signature: [REDACTED]
Date: [REDACTED]
Approved By Division VP: [REDACTED]
Signature: [REDACTED]
Date: [REDACTED]

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

College of DuPage
Location: MAIN
Glen Ellyn, IL

Receipt: 001739886

Date of Receipt: 09/26/19

Cashier ID:

Received From:
9/24/19 Locker Rent/Key Dep.

Rept Codes :
Finance Office Misc Payments
65.00

Cash
65.00

Total: 65.00

Signature X _____

(Customer Copy)

College of DuPage

Accounts Receivable Deposit Form

If deposit amounts match. Submit the completed form and funds to the Cashier's Office
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: 9/24/19

Deposit Amount (\$)

Description

299	\$ 40.00	Locker Rental
006	\$ 25.00	Key deposit
---	\$	
---	\$	
---	\$	
---	\$	

Department: Business Svcs.

Event: N/A

Remitter: Lisa Eri

Remitter's Extension: 2232

Breakdown of Deposit Amounts

Cash: \$ 65.00

Checks: \$ _____

Am. Express: \$ _____

Discover: \$ _____

MasterCard: \$ _____

Visa: \$ _____

Wire: \$ _____

Total Deposit: \$ 65.00

Cashier's Office Use Only

Monies Verified: CL

Session Number: 52785

Receipt Number: 1739886

Date Entered: 9/26/19

Cashier Name: BPS

Notes: _____

SEP 25 2019