

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1631400

Vendor Name: Graham's Chocolates Ltd

Invoice Number: I210427901

Invoice Date: 04/27/21

PO Number:

Check Number: 0281656

Check Amount: \$ 1,387.50

Check Date: 06/08/2021

Department ID: 99667

Reviewer Name:

Voucher Number: V0679990

Redaction Type: None

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

Document Below

From: Accounts Payable <acctpay@cod.edu>
Sent: Thu May 20 10:45:19 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - Graham's Fine Chocolates

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Wednesday, May 19, 2021 9:39 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - Graham's Fine Chocolates

Thanks!

Shannon

[attachment: grahams check request DDR MCC.pdf]

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

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 - Non-Purchase Order Procedure No. 10-65

Date: 5/3/2021
Vendor ID: 1631400

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99667	2900099	Funds Held in Custody of Other	\$ 1,387.50
Grand Total						\$ 1,387.50

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

Check the appropriate box below and sign

- ☒ I, the undersigned, hereby certify that the goods/services, for which payment is requested, have been received in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ I, the undersigned, hereby certify that the goods/services, for which payment is requested, have not been received in a satisfactory condition/manner. I hereby notify the Accounts Payable Office in writing within 30 days of the date of delivery of the goods/services that they have not been received in a satisfactory condition/manner.

AP VERIFIED
05/20/21 - MARIA ZERRUDO

Payee Name: Graham's Fine Chocolates

Other Instructions: _____

Payee Address: 302 S. Third Street, Geneva, IL 60134

Description on Check:

Chocolates to send in End of Year Celebration box to club/organization officers and advisors.

Approvals:

Prepared By: Shannon Hernandez
Signature: Shannon Hernandez
Payment Due: 5/14/2021
Board Approved Date: _____

Approved By: Chuck Steele Date: _____
Signature: _____
Approved By: Dr. Not signed by Diana Del Rosario Date: _____
Signature: 15.39.53-05007
Approved By Division VP: Mark Curtis-Chavez Date: _____
Signature: 2021.05.11 21:09:38 -0500

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

Invoice

Graham's Fine Chocolates
302 S Third Street
Geneva, IL 60134
Office Phone: (630) 232-6655
Mobile Phone: (630) 337-0651
grahamsorders@sbglobal.net

Billing Address
COD

Invoice Number: 1210427901
Invoice Date: 04/27/2021
Payment Terms: Payment 15 days after
invoice date
Invoice Amount: 1,387.50
Created By: Graham's Chocolates

Shipping Address
COD

Item #	Item Name	Quantity	Unit Price	Taxable	Total
2316	Customized 6 Piece Box 6 Piece Clear box with: Snowball Truffle Milk Chocolate Cherry Dark Chocolate Salted Caramel Milk Chocolate Pecan Cluster Dark Chocolate Raspberry Truffle Milk Chocolate Peanut Butter Diamond Clear Dark Green Sheer Ribbon	150.00	9.25		1,387.50

Subtotal: \$1,387.50
Invoice Amount \$1,387.50