

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1616260
Vendor Name: The Chicago Magic Company
Invoice Number: MAGICFY20
Invoice Date: 2/16/2022
PO Number:
Check Number: E0088475
Check Amount: \$ 1,868.00
Check Date: 03/03/2022
Voucher Number: V0730021
Document Type: AP Invoice

Document Below

Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

Check the appropriate box below:

- ☐ 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.

Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

"Schoettle, Kari" <schoettlek@cod.edu>

Chicago Magic check request

"Schoettle, Kari" <schoettlek@cod.edu>

Mon, Feb 21, 2022 at 07:08 PM GMT

CC:

BCC:

Please process. Thank you.

Kari Schoettle

Assistant Business Manager

McAninch Arts Center, College of DuPage

630-942-2914 | schoettlek@cod.edu

2 attachments

Dennis Watkins CHECK REQUEST FORM 02.16.22 em.pdf

Dennis Watkins Event Sales Nov - Jan 49 tickets.pdf

Dennis Watkins Chicago Magic TR21_MAGIC

Report Date	# of tickets	Total Ticket Revenue	DW Revenue Deposit 05-60-11601-2900005	
9/8/2020	3	\$ 195.00	\$ 135.00	
9/14/2020	2	\$ 130.00	\$ 90.00	
9/21/2020	3	\$ 195.00	\$ 135.00	
11/9/2020	7	\$ 455.00	\$ 455.00	* ticket revenue not taken out for MAC \$140
11/16/2020	6	\$ 390.00	\$ 270.00	
11/23/2020	10	\$ 650.00	\$ 450.00	
11/30/2020	7	\$ 374.00	\$ 234.00	
12/7/2020	11	\$ 587.00	\$ 367.00	
12/14/2020	4	\$ 196.00	\$ 116.00	
1/4/2021	1	\$ 49.00	\$ 29.00	
1/11/2021	3	\$ 147.00	\$ 87.00	
	57	\$ 3,368.00	\$ 2,368.00	

\$	2,368.00	Due to DW
\$	(360.00)	Paid to DW via check request 10/6/2020
\$	2,008.00	Balance - which matches what is in myaccess 05-60-11601-2900005

See above error in 11/9 deposit

\$	1,868.00	Due to DW
\$	140.00	move to MAC 05-60-11601-4509034