

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089190

Vendor Name: Salvation Army-Army Lake Camp

Invoice Number: 2023-44

Invoice Date: 5/15/2023

PO Number:

Check Number: 0312522

Check Amount: \$ 1,344.55

Check Date: 06/06/2023

Voucher Number: V0788033

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



DOING THE
MOST GOOD

INVOICE

Army Lake Camp

Just Miles Away, But A World Apart!

N8725 Army Lake Road
East Troy, Wisconsin 53120
Phone: (262) 642-6400

INVOICE NO. 2023 - 44 JS
DATE 5/11/2023
Dates of Service April 27 - 28, 2023

College of DuPage
Chuck Steele

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
10	Castle (1 night)	\$ 25.00	\$ 250.00
1	Castle Building Fee	\$ 200.00	\$ 200.00
10	Low Ropes	\$ 5.00	\$ 50.00
9	High Ropes	\$ 15.00	\$ 135.00
10	Paintball	\$ 27.00	\$ 270.00
10	Towels	\$ 4.00	\$ 40.00
10	Linens	\$ 4.00	\$ 40.00

SUBTOTAL \$ 985.00

SALES TAX 5.5% \$ - exempt

TOTAL \$ 985.00

DEPOSIT DUE(25%) \$ 246.25

DEPOSIT PAYMENT \$ -

FINAL PAYMENT \$ -

BALANCE DUE \$ 985.00

*Final payment via credit card \$ 1,014.55

Outstanding

*A 3% processing fee will be
added to any credit card
transaction

Make all checks payable to The Salvation Army - Army Lake Camp
THANK YOU FOR ALLOWING US TO SERVE YOU!

"McKellin, Maren" <mckellin@cod.edu>

Invoice: Army Lake Camp

"McKellin, Maren" <mckellin@cod.edu>

Mon, May 15, 2023 at 02:12 PM UTC

CC:

BCC:

Please see the Check Request attached.

Thanks,

Maren McKellin

1 attachment

2023SP Army Lake Camp Speech.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089190
Vendor Name: Salvation Army-Army Lake Camp
Invoice Number: 2023-58
Invoice Date: 5/31/2023
PO Number:
Check Number: 0312522
Check Amount: \$ 1,344.55
Check Date: 06/06/2023
Voucher Number: V0788046
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: Maren McKellin Print Name: _____

Budget Officer: Maren McKellin 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



DOING THE
MOST GOOD

INVOICE

Army Lake Camp

Just Miles Away, But A World Apart!

N8725 Army Lake Road
East Troy, Wisconsin 53120
Phone: (262) 642-6400

INVOICE NO. 2023 - 58 JS
DATE 5/26/2023
Dates of Service September 7 - 8, 2023

College of DuPage
Chuck Steele

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
14	Castle (1 night)	\$ 25.00	\$ 350.00
1	Castle Building Fee	\$ 200.00	\$ 200.00
14	Low Ropes	\$ 5.00	\$ 70.00
14	High Ropes	\$ 15.00	\$ 210.00
14	Paintball	\$ 27.00	\$ 378.00
14	Towels	\$ 4.00	\$ 56.00
14	Linens	\$ 4.00	\$ 56.00

SUBTOTAL \$ 1,320.00

SALES TAX 5.5% \$ - exempt

TOTAL \$ 1,320.00

DEPOSIT PAYMENT \$ -

FINAL PAYMENT \$ -

BALANCE DUE \$ 1,320.00

Outstanding

DEPOSIT DUE(25%) \$ 330.00

*Final payment via credit card \$ 1,359.60

*A 3% processing fee will be
added to any credit card
transaction

Make all checks payable to The Salvation Army - Army Lake Camp
THANK YOU FOR ALLOWING US TO SERVE YOU!

"McKellin, Maren" <mckellin@cod.edu>

Invoice: Army Lake Camp 2023FA

"McKellin, Maren" <mckellin@cod.edu>

Wed, May 31, 2023 at 12:59 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren McKellin

1 attachment

2023FA Speech Salvation Army.pdf