

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188426
Vendor Name: Village of Glen Ellyn, Illinois
Invoice Number: HOTELTAXAUG24
Invoice Date: 9/12/2024
PO Number:
Check Number: E0103415
Check Amount: \$ 346.55
Check Date: 09/25/2024
Voucher Number: V0846365
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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Monthly Hotel and Motel Tax Return
Due Village of Glen Ellyn



Month and Year August 2024

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

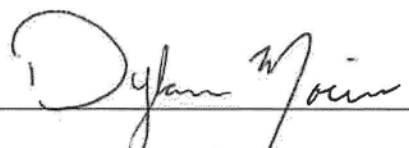
Customer ID

Code

Gross Receipts \$6931.00

Rate 5%

Amount of Tax \$346.55

Signature 

Title Hotel Manager

Date 09/03/24

Make checks payable to:

Village of Glen Ellyn
535 Duane Street
Glen Ellyn, IL. 60137

GL Account	Description	Aug 31 Balance
01-00-00000-2900012	General : Hotel/Motel Tax	(762.41)
	August 2024 State return	405.66
	August 2024 State discount	10.20
	August 2024 Village return	346.55
		<u>762.41</u>
	Post-GL Balance	<u>-</u>

Notes:

College of DuPage				
General Ledger Summary Trial Balance				
Year-to-Date Summary for Period Ending 08/31/2024				
*** Opening Balances are estimated; Previous Fiscal Year is not closed ***				
Fiscal Year: 2025		FUND: 01 - Educational		
GL Account	Opening Balance	Year-to-Date Debits	Year-to-Date Credits	Closing Balance
01-00-00000-2900012 General : Hotel/Motel Tax	426.16-	1,722.29	2,058.54	762.41-
Totals for FUND: 01 - Educational	426.16-	1,722.29	2,058.54	762.41-

DATE Aug Deposits

						Room Count	Room Count	Room Count	
	Gross								
	Sales	State Tax	City Tax	Total		COD A/R	COD CC	General	Cashier's
	Amount	Collected	Collected	Taxes	Notes	Acct		Public	Office Deposit
8/1/2024	\$ 445.00	\$ 26.70	\$ 22.25	\$ 48.95	Marie			3 Rooms	
8/2/2024	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Marie			2 Rooms	
8/3/2024	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Marie			2 Rooms	
8/4/2024	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
8/5/2024	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
8/6/2024	\$ 413.00	\$ 24.78	\$ 20.65	\$ 45.43	Ashley			3 Rooms	
8/7/2024	\$ 836.00	\$ 50.16	\$ 41.80	\$ 91.96	Ashley			6 Rooms	
8/8/2024	\$ 300.00	\$ 18.00	\$ 15.00	\$ 33.00	Marie			2 Rooms	
8/9/2024	\$ 455.00	\$ 27.30	\$ 22.75	\$ 50.05	Marie			3 Rooms	
8/10/2024	\$ 590.00	\$ 35.40	\$ 29.50	\$ 64.90	Marie			4 Rooms	
8/11/2024	\$ 300.00	\$ 18.00	\$ 15.00	\$ 33.00	Ashley			2 Rooms	
8/12/2024	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
8/13/2024	\$ 184.00	\$ 11.04	\$ 9.20	\$ 20.24	Ashley			2 Rooms	
8/14/2024	\$ 339.00	\$ 20.34	\$ 16.95	\$ 37.29	Ashley			3 Rooms	
8/15/2024	\$ 247.00	\$ 14.82	\$ 12.35	\$ 27.17	Marie			2 Rooms	
8/16/2024	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Marie			1 Room	
8/17/2024	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms	
8/18/2024	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Ashley			1 Room	
8/19/2024	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Ashley			1 Room	
8/20/2024	\$ 620.00	\$ 37.20	\$ 31.00	\$ 68.20	Ashley			4 Rooms	
8/21/2024	\$ 775.00	\$ 46.50	\$ 38.75	\$ 85.25	Ashley			5 Rooms	
8/22/2024				\$ -	CLOSED			0 Rooms	
8/23/2024				\$ -	CLOSED			0 Rooms	
8/24/2024				\$ -	CLOSED			0 Rooms	
8/25/2024	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
8/26/2024	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
8/27/2024	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms	
8/28/2024	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Ashley			2 Rooms	
8/29/2024	\$ 92.00	\$ 5.52	\$ 4.60	\$ 10.12	Marie	1 Room		0 Rooms	
8/30/2024	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms	
8/31/2024	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms	

Subtotals \$ 6,931.00 \$ 415.86 \$ 346.55 \$ 762.41 **Total Receipts**
\$ 7,693.41 :)

AUGUST 2024**IL Tax Return Info**

Line 1	\$ 7,693.41	Total Receipts
Line 2	346.55	City Tax
Line 3	-	
Line 4	-	
Line 5	-	
Line 6	346.55	
Line 7	7,346.86	
Line 8	414.36	State Tax Rate .0564 (Listed Rate 6%)
Line 9	-	
Line 10	414.36	
Line 11	8.70	Discount
Line 12	405.66	
IL Tax collected	415.86	
Over(Under)	10.20	Total Discount
Line 13	-	
Line 14	405.66	
Line 15	-	
Line 16	405.66	State Tax

Aug Deposits

	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	01-10-18004-4509030		
1	7/31/2024	4	145.00	580.00	34.80	29.00	643.80	Personal CC			
2	8/1/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	8/1/2024	3	145.00	435.00	26.10	21.75	482.85	Personal CC			
4	8/6/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
5	8/6/2024	2	113.00	226.00	13.56	11.30	250.86	Personal CC			
6	8/7/2024	1	113.00	113.00	6.78	5.65	125.43	Personal CC			
7	8/7/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
8	8/7/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
					Deposit Amount		\$2,535.24				
					Date		8/9/2024				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	8/6/2024	5	145.00	725.00	43.50	36.25	804.75	Personal CC			
2	8/9/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	8/9/2024	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
4	8/10/2024	1	145.00	145.00	8.70	7.25	160.95	Personal CC			
5	8/10/2024	2	145.00	290.00	17.40	14.50	321.90	Personal CC			
6	8/13/2024	2	92.00	184.00	11.04	9.20	204.24	Direct Bill			
7	8/13/2024	3	92.00	276.00	16.56	13.80	306.36	Personal CC			
8	8/14/2024	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
					Deposit Amount		\$2,798.31				
					Date		8/19/2024				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	8/18/2024	1	145.00	145.00	8.70	7.25	160.95	Personal CC			
2	8/19/2024	1	145.00	145.00	8.70	7.25	160.95	Personal CC			
3	8/20/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
4	8/20/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
5	8/20/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
6	8/20/2024	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
7	8/21/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
8	8/23/2024	0	-	-	-	-	200.00	Gift Certificate Purchase			
					Deposit Amount		\$2,070.35				
					Date		8/27/2024				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	8/28/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
2	8/28/2024	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	8/29/2024	1	92.00	92.00	5.52	4.60	102.12	Direct Bill			
					Deposit Amount		\$344.10				
					Date		8/30/2024				
					Total of Deposits at Cashier's Office			\$7,748.00			
					Minus Incidental Charges/Adjustments			(200.00)			
					Plus Rooms Paid with Gift Certificate			-	Sales	Hotel Tax	
					Plus August Rooms Under AR Charges			306.36	276.00	30.36	
					Minus July AR Charges Paid in August			-			
					Plus Rooms That Will Carry Over to September C			-	-	-	
					Minus July Rooms That Were In August Deposits			(160.95)			
					Total			\$7,693.41			
					Total from Hotel Taxes spreadsheet			7,693.41			

