

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089190

Vendor Name: Salvation Army-Army Lake Camp

Check Details:

Check Number: 0336688

Check Amount: \$ 311.50

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 2025-33-TS

Invoice Date: 2/28/2025

PO Number: NULL

Voucher Number: V0875861

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



DOING THE
MOST GOOD™

Army Lake Camp

Just Miles Away, But A World Apart!

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

INVOICE NO. 2025-33-TS
DATE 2/28/2025
Dates of Service April 17 - 18, 2025

INVOICE

College of DuPage
Chuch Steele

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
14	Castle (1 night)	\$ 25.00	\$ 350.00
1	Castle Building Fee	\$ 200.00	\$ 200.00
12	Low Ropes	\$ 8.00	\$ 96.00
12	High Ropes	\$ 15.00	\$ 180.00
12	Paintball	\$ 28.00	\$ 336.00
14	Linens	\$ 6.00	\$ 84.00

SUBTOTAL \$ 1,246.00

SALES TAX 5.5% \$ - exempt

TOTAL \$ 1,246.00

DEPOSIT PAYMENT

FINAL PAYMENT \$ -

BALANCE DUE \$ 1,246.00

Outstanding

DEPOSIT DUE(25%) \$ 311.50

*Final payment via credit card \$ 1,283.38

*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>

2025SP Salvation Army Check Request

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

Fri, Feb 28, 2025 at 07:42 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SP Salvation Army Speech.pdf