

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1438112

Vendor Name: Erik S. Berglund

Invoice Number: 121317

Invoice Date: 12/13/17

PO Number:

Check Number: 0229860

Check Amount: \$ 25.00

Check Date: 01/17/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0490390

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Mon Dec 18 14:57:28 CST 2017
To: invoicing@cod.edu
CC:
Subject: FW: Locker Key Deposit Return refund Request

From: Erl, Lisa
Sent: Friday, December 15, 2017 7:51 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Locker Key Deposit Return refund Request

Good Morning,

Attached are locker key deposit return refund requests for Erick Berglund, Sonia Nevarez, and Trinity Tempestini.

Please let me know if you need any additional information.

Thank you,

Lisa

Lisa G. Erl
Administrative Assistant, Business Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2232
erll630@cod.edu

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

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 - Check Request Procedure No. 10-65

Date: 12/13/2017

Vendor ID: [REDACTED]

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	00	00000	2300006	Locker Deposits Payable	\$ 25.00

AP VERIFIED

12/22/17 - MARIA ZERRUDO

Check the appropriate box below and sign

☒ 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.

Payee Name: [REDACTED]

Other
Instructions: _____

Payee Address: [REDACTED]

Description on Check:

Locker key deposit refund

Approvals:

Prepared By:

Lisa Erl

Signature: [Signature]

Payment Due:

Next check run

Board Approved Date: _____

Approved By:

Ellen Roberts

Date:

Signature: [Signature]

Approved By:

Date: 12-14-17

Signature: _____

Approved By Division VP: _____

Date: _____

Signature: _____

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

COLLEGE OF DUPAGE STUDENT BOOK LOCKER SPACE USE AGREEMENT

[REDACTED] request the use of a student book locker for the term

Fall 2017 to Fall 2017. I understand and agree to the following terms of use:

1. I will pay a \$25 refundable key deposit. The key must be returned no later than 5 p.m. on the last Friday of the term noted above, or the deposit will be forfeited. All keys will be issued the first day of each term. A signed Space Use Agreement and all fees must be submitted to the office of Business Affairs (SSC1210), prior to issuance of a key. A \$10 fee will be charged for lost keys.
 2. Use fees will be \$20 per semester, or \$50 per academic year (Fall through Summer terms only). Partial terms will pay the full fee if greater than one-half of the term remains, or \$10 if one-half or less of the term remains. No prorate for annual fee. All payments are due in advance and any refunds shall be processed within two weeks of agreement termination.
 3. Each semester term will run from the first day of the term to the last Friday of the term. No use can be arranged between terms except for annual use. All annual use terms will expire on the last Friday of the Summer term to allow the College to perform any required cleaning or maintenance. Keys must be returned to the Business Affairs office (SSC1210) no later than 5 p.m. on the last Friday of Summer term, or the key deposit will be forfeited. Book lockers may not be utilized during Summer break.
 4. The College reserves the right to restrict the use of lockers to currently registered students or employees of the institution only and may request proof of current student registration.
 5. The College reserves the right to restrict the use of lockers to books, garments and other educational supply storage only. Personal property left in the locker beyond the agreement term above may be disposed of by the College without reimbursement. The College is not liable for the damage or loss of any personal property stored in the locker.
 6. The College has the right to inspect the locker at any time to determine proper use.
 7. The College will send renewal notice to the email/mail address indicated below prior to agreement termination. If this agreement is not renewed, all contents shall be removed no later than the last day of the term.
 8. This agreement may be discontinued at any time by the College for improper use, with no refund for the unused term.
- [REDACTED]

College of DuPage
Location: MAIN
Glen Ellyn, IL

Receipt: 001445994

Date of Receipt: 09/18/17

Card ID: PFEIFERL163

Received From:
Erik Berglund

Receipt Codes :
Finance Office Misc Payments
45.00

ISA 1414
45.00

Total: 45.00

Signature X

(Office Copy)

College of DuPage
- Billed Receipt of Payment

Deposit Amount \$ 45.00 Date: 9-18-17

	Amount (\$)	Description
0006	\$ 25.00	Locker Key Deposit
0099	\$ 20.00	Book Locker Rental-\$20/sem, \$50/yr
	\$	
	\$	
	\$	Name: <u>Erik Berglund</u>
	\$	Student ID#: <u>1438112</u>
	\$	
	\$	
	\$	
Amount Total \$ <u>45.00</u>		

Department: Business Affairs Event: _____
Remitter: Ellen Roberts _____
Extension No: 2233 _____

Cashiers Office Use Only

Cash	_____	Verified	_____
Checks	_____	Verified	_____
Am Express	_____	Verified	_____
DISC	_____	Verified	_____
MC	_____	Verified	_____
VISA	<u>45.00</u>	Verified	_____
WIRE	_____	Verified	_____
TOTAL	<u>45.00</u>	Verified	_____

NOTE: Remitting department is responsible for making corrections if deposit is incomplete or inaccurate. Cashiers Office will not make changes.

Session #: 41333
Receipt #: 1445994
Date Entered: 9-18-17
Cashier: [Signature]