

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188209

Vendor Name: College of Dupage Foundation

Invoice Number: 111517

Invoice Date: 11/15/17

PO Number:

Check Number: 0229900

Check Amount: \$ 57.50

Check Date: 01/17/2018

Department ID: 11201

Reviewer Name:

Voucher Number: V0489740

Redaction Type: None

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

Document Below

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: 11/15/2017

Vendor ID: 1188209

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		05	60	11201	2900005	Art Center Deposit Liability	\$ 57.50
Grand Total							\$ 57.50

Check the appropriate box below and sign

☒ We, the undersigned, hereby certify that the goods/services, for which payment is being 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 being 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: College of DuPage Foundation

Other
Instructions:

Payee Address: 425 Fawell Blvd. Glen Ellyn, IL

Description on Check:

Transfer donations received in the MAC Box Office to the COD Foundation

Approvals:

Prepared By:

Jennifer Berosek

Approved By:

Date:

Signature:

Jennifer Berosek

Signature:

Ellen M. Yovan

Date:

12/13/17

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

November 15, 2017 Check Request Detail for Donations processed through ProVenue													
LAST NAME	FIRST NAME	DONATION AMOUNT	FOR	DATE RECEIVED	ADDRESS LINE 1	ADD. LINE 2	CITY	ST	ZIP CODE	in PV	Payment Type	SESSION	Foundation Has in Their Records
Beck	Bruce & Patricia	57.50	MAC	11/15/2017	717 Pershing Ave		Wheaton	IL	60189	11/15/2017	Credit card		
TOTAL FOR 05-60-11201-2900005		57.50											
This donation is for the balance of a ticket exchange that the patron requested to be donated.													

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