

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083897

Vendor Name: Crain Communications

Invoice Number: 000040487844

Invoice Date: 01/05/18

PO Number:

Check Number: 0229919

Check Amount: \$ 147.00

Check Date: 01/17/2018

Department ID: 00729

Reviewer Name:

Voucher Number: V0490652

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

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:

1/5/2018

Vendor ID:

1083897

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|-----------------|----------|
| 40487844 | | 01 | 80 | 00729 | 5406001 | Publications | \$147.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Grand Total

\$ 147.00

AP VERIFIED

Check the appropriate box below and sign:

- ☒ We, the undersigned, hereby certify that the goods/services for which payment is herein requested have been received 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:

Crain's Chicago Business

Payee Address:

P.O. Box 433282, Palm Coast, FL
32143-3282

Other

Instructions:

Return check to Vera Humphrey

Description on Check:

Acct. 40487844, Prom R8514804

Approvals:

Prepared By:

Vera Humphrey

Signature:

Payment Due:

1/5/2018

Board Approved Date:

Approved By:

Date:

Signature:

Approved By:

Date:

Signature:

Approved By Division VP:

Brian W. Caputo

Date:

Signature:

Brian W. Caputo

1/5/18

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

0101

0.334

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R50E1 J 003452 1/11/1

000040487844 R8514804 MAY 18
BRIAN CAPUTO
COLLEGE OF DUPAGE
425 FAWELL BLVD RM SRC2130
GLEN ELLYN, IL 60137-6708



- ☒ Check enclosed
☐ Charge my credit card:
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Card # _____

Exp. Date _____ Signature _____

- ☐ Check box if info below is correct;
add or make changes if necessary:

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Nature of Business: OTHER
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caputob@cod.edu

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01/17/2018

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V0490652

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147.00



147.00

0229919

PAY ONLY ONE HUNDRED FORTY SEVEN AND 00/100 DOLLARS

01/17/2018

\$*****147.00

Crain Communications
PO Box 433282
Palm Coast FL 32143-3282
UNITED STATES OF AMERICA