

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087116

Vendor Name: LOEX

Invoice Number: INV-18-093

Invoice Date: 01/04/18

PO Number:

Check Number: 0230055

Check Amount: \$ 90.00

Check Date: 01/17/2018

Department ID: 15240

Reviewer Name:

Voucher Number: V0490445

Redaction Type: None

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

Document Below

Konkel, Mary

From: acctpay@cod.edu
Sent: Thursday, January 04, 2018 2:12 PM
To: Konkel, Mary
Subject: Voucher Confirmation: V0490445

AP VERIFIED

01/10/18 - BETHANY CRUSE

Voucher Number V0490445
Voucher Status In Progress (Unfinished)

Requestor Name Ms Mary S. Konkel

Voucher Date 01/04/18
Due Date 01/11/18
Vendor ID and/or Name 1087116 LOEX
AP Type IM Invoices < \$15,000
Voucher Total \$90.00

ITEM 1
Item Description LOEX Quarterly/ 2018 Membership Renewal
Quantity 1.000
Price \$90.0000
Extended Price \$90.00
GL Distribution 01-20-15240-5309001

COMMENTS

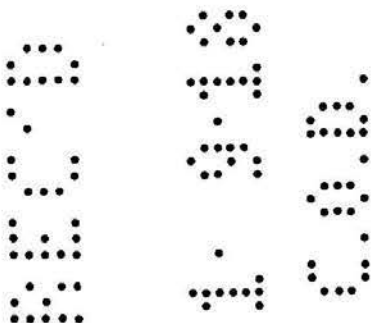
This is for our membership and publications by the Library Orientation Exchange.

APPROVAL

DATE

Jeanine McIntosh
1/8/18

NEXT APPROVALS



LOEX

32 N WASHINGTON ST, STE 5, YPSILANTI, MI 48197
(734)340-2653 (734)561-4527 FAX
contact@loex.org

December 1, 2017

Invoice: INV-18-093
Tax ID: 90-0971299

To:

Mary S Konkel - Library
College of DuPage
725 Fawell Blvd.
Glen Ellyn, IL 60137-6599

Year	Description of Services	Cost/Type (please select one)
2018	Institutional Membership to LOEX/ Subscription to <i>LOEX Quarterly</i>	<input checked="" type="checkbox"/> \$90 (USD): Paper <u>and</u> electronic Quarterly <input type="checkbox"/> \$82 (USD): Electronic-only Quarterly

Both payment options include the same membership benefits; difference is with Quarterly

Please make checks payable to LOEX.

Credit card payments can be made: by phone (734.340.2653), by fax (734.561.4527) or online (<http://loex.org/pay2018mem.html>)

Mailing Address: **LOEX**
4007 Carpenter Rd #357
Ypsilanti, MI 48197

Jeff McIntosh
1/8/18
remit to ←

INV-18-093

2018 Institutional Membership: **College of DuPage**

Date: _____ **Payment:** Credit Card (write pmt. Amount) _____ Check _____

VISA MC Card# _____ Expiration _____

Name on card _____

Billing ZIP Code _____

3-digit Security Code _____

Did you receive this invoice via regular mail? Would you **rather have it emailed**? If so, let contact@loex.org know what email address should be used for next year.

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