

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1296750

Vendor Name: Sonia Nevarez

Invoice Number: 121417

Invoice Date: 12/14/17

PO Number:

Check Number: 0230096

Check Amount: \$ 25.00

Check Date: 01/17/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0490274

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Mon Dec 18 14:57:41 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 [REDACTED]

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: 12/14/2017

Vendor ID: _____

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

Grand Total

\$ 25.00

AP VERIFIED

Check the appropriate box below and sign

12/21/17 - BETHANY CRUSE

☒ 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: _____

Other
Instructions: _____

Payee Address: _____

Description on Check:

Locker key deposit refund

Approvals:

Prepared By:

Signature:

Payment Due:

Board Approved Date:

Lisa Erl

Next check run

Approved By:

Signature:

Approved By:

Signature:

Approved By Division VP:

Signature:

Ellen Roberts

Date:

Date:

Date:

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 2018. 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.

Assigned Locker # A 15

Location 2nd Floor B12

Date 8-22-17

Paid 8-22-17

Cash ☐ Check ☐ Credit Card ☒



College of DuPage
Location: MAIN
3101 E. Main St., IL

Re: 001434562

Date of Receipt: 08/22/17

Cashier ID:

Received From:
8/22/17 Locker Rental/Key Dep

Receipt Codes:
Finance Office Misc Payments
45.00

7/ISA 7783 45.00

Total: 45.00

Signature X _____

(Customer Copy)

College of DuPage Billed Receipt of Payment

Deposit Amount \$ 115.00 Date: 8/22/17

	Amount (\$)	Description
099	\$.10	Book locker Rental
1006	\$.25 ⁰⁰	Book locker Key Deposit
---	\$	
---	\$	
---	\$	
---	\$	
---	\$	

Department: Business Affairs

Event: _____

Remitter: _____

Extension No. 2232

Cashier's Office Use Only

Cash _____
Checks _____
Am Express _____
DISC _____
MC _____
VISA \$45.00
TOTAL \$45.00

Verified _____
Verified _____
Verified _____
Verified _____
Verified _____
Verified PSD
Verified PSD

NOTE: Deposits will be returned to
remitting department if this form is
incomplete or inaccurate. Cashier's
office will not make changes.

Session # 40891
Receipt # 1434562
Date Entered 8/22/17
Cashier PSD