

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1178337

Vendor Name: Phi Theta Kappa

Invoice Number: 010817

Invoice Date: 01/08/17

PO Number:

Check Number: 0230138

Check Amount: \$ 65.00

Check Date: 01/17/2018

Department ID: 12691

Reviewer Name:

Voucher Number: V0491491

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: 1/8/2017
Vendor ID: 1178337

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	12691	2900099	Funds Held in Custody of Othr	\$ 65.00

Grand Total

\$ 65.00

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 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: Phi Theta Kappa

Other Instructions: _____

Payee Address: 1625 Eastover Drive; Jackson, MS
39211

Description on Check:

Payment for membership dues. Dues were paid by student.

Approvals:

Prepared By: Shannon Hernandez

Approved By: Chuck Steele Date: _____

Signature: _____

Signature: [Signature]

Payment Due: 1/19/2017

Approved By: _____ Date: _____

Board Approved Date: _____

Signature: _____

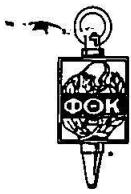
Approved By Division VP: _____ Date: _____

Signature: _____

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

01.17.17

0.034



Phi Theta Kappa International Honor Society
Center for Excellence
1625 Eastover Drive
Jackson, MS 39211
(800) 946-9995

#1178337

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PAST DUE STATEMENT

1/2/2018

Bill To: 000012002276

Phi Beta Chapter
College of Dupage
College of DuPage, Office of Student Life
425 Fawell Blvd
Glen Ellyn, IL 60137

Invoice No.	Order Date	Order No.	Ship Customer	Discount Amt	Line Total	Order Total
Product			Qty Market Code			
0002205292	11/1/2017	1072802784	Owen Rogers			\$65.00
PTK - Phi Theta Kappa International Membership			1	\$0.00	\$60.00	
PTK - Illinois Region Membership			1	\$0.00	\$5.00	
Current Amount Due:						\$65.00

Please detach the lower portion and return it with your payment. Thank you.

30-60	60-90	90-120	120+	Total Due
\$0.00	\$65.00	\$0.00	\$0.00	\$65.00

Amount Enclosed: _____

Customer: 000012002276 Phi Beta Chapter

☐ Visa ☐ Mastercard ☐ Discover ☐ Check

Credit Card No.: _____ CVV2: _____

Check No.: _____

Exp. Date: ____ / ____ Signature: _____

Please make check payable to Phi Theta Kappa.

Credit card orders without your signature cannot be processed.

Send payments to: Phi Theta Kappa International Honor Society
Financial Services Department
P.O. Box 13729
Jackson, MS 39236-3729