

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1526232

Vendor Name: Origanus K. Ramfate

Invoice Number: 121517

Invoice Date: 12/15/17

PO Number:

Check Number: 0230153

Check Amount: \$ 25.00

Check Date: 01/17/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0491006

Redaction Type: FERPA

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

Document Below

From: erll630@cod.edu
Sent: Tue Jan 09 14:44:22 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Key Return Refund Request

Here is another one...I have a few more to forward as well.

Thanks!

Lisa G. Erl
Administrative Assistant, Business Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2232
erll630@cod.edu

From: Erl, Lisa
Sent: Monday, December 18, 2017 3:37 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Key Return Refund Request

Good Afternoon –

Attached is a key return refund for [REDACTED] Please let me know if you have any questions or need any further information.

Thanks,

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: 12/15/2017

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

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.

AP VERIFIED
01/10/18 - MARIA ZERRUDO

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-rdh

Approved By:

Signature:

Approved By:

Signature:

Approved By Division VP:

Signature:

Ellen Roberts

Date:

Signature:

Date:

Signature:

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 2017. 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 employees of the institution only
5. The College reserves the right educational supply storage only. above may be disposed of by the damage or loss of any personal p
6. The College has the right to in
7. The College will send renewal termination. If this agreement is of the term.
8. This agreement may be discon for the unused term

RECEIPT

DATE	<u>9/21/17</u>	No.	
FF	<u>[REDACTED]</u>	\$	<u>45</u>
			DOLLARS
<input type="radio"/> FOR RENT <u>Locker + Deposit +</u>			
<input type="radio"/> FOR			
ACCT.		<input checked="" type="radio"/> CASH	FROM <u>Fall 17</u> TO <u>Fall 17</u>
PAID		<input type="radio"/> CHECK	BY
DUE		<input type="radio"/> MONEY ORDER	
			<small>adams 1152</small>

College of DuPage
Non-Billed Receipt of Payment

NARD Code: FMISC Deposit Amount \$ 90.00 Date: 9-29-17

GL Number	Amount (\$)	Description
01-00-000002300006	\$25.00	Key deposit - Tempestini
01-00-000002300006	\$25.00	Key deposit - Ramfote
01-00-00409.4900099	\$20.00	Locker fee - Tempestini
01-10-00409.4900099	\$20.00	Locker fee - Ramfote
-----	\$	
-----	\$	
-----	\$	

Department: Business Affairs Event: _____
 Remitter: Ellen Roberts Extension No. 2233

Cashier's Office Use Only

Cash	<u>90.00</u>	Verified	_____
Checks	_____	Verified	_____
Am Express	_____	Verified	_____
DISC	_____	Verified	_____
MC	_____	Verified	_____
VISA	_____	Verified	_____
TOTAL	<u>90.00</u>	Verified	_____

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

Session # _____
 Receipt # _____
 Date Entered _____
 Cashier _____