

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1494946

Vendor Name: John C. Rutkowski

Invoice Number: 121217

Invoice Date: 12/12/17

PO Number:

Check Number: 0230172

Check Amount: \$ 25.00

Check Date: 01/17/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0489643

Redaction Type: FERPA

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

Document Below

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From: acctpay@cod.edu  
Sent: Wed Dec 13 08:36:08 CST 2017  
To: invoicing@cod.edu  
CC:  
Subject: FW: Key Return Refunds - [REDACTED]  
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**From:** Erl, Lisa  
**Sent:** Wednesday, December 13, 2017 8:26 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Key Return Refunds [REDACTED]

Good Morning,

I have attached two locker deposit refunds for processing. 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: 12/12/2017

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

**AP VERIFIED**  
**12/13/17 - LORI WILLIAMSON**

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.

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:

Signature:

Date:

Date:

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

COLLEGE OF DUPAGE STUDENT BOOK LOCKER SPACE USE AGREEMENT

fall 2017

I, [redacted], request the use of a student book locker for the term Fall to Fall. 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.

Return key  
12/12/17

- Assigned Locker #

129

Location

Date

8/15/17

Paid

8/15/17 \$45.00

Cash ☐ Check ☐ Credit Card ☒

Ag

Na

Ac

En

Ph

ID



**College of DuPage**  
Non-Billed Receipt of Payment

NARD Code: FMISC      Deposit Amount \$ 45.00      Date: 8/18

GL Number	Amount (\$)	Description
<u>01-10-00409-4900099</u>	\$ <u>                    </u>	<u>Book holder Rental</u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>
<u>- - - - -</u>	\$ <u>                    </u>	<u>                                    </u>

Department: Business Affairs      Event:                       
Remitter: Laura Weiland      Extension No. 2232

**Cashier's Office Use Only**

Cash	<u>45</u>	Verified	<u>AB</u>
Checks	<u>                    </u>	Verified	<u>                    </u>
Am Express	<u>                    </u>	Verified	<u>                    </u>
DISC	<u>                    </u>	Verified	<u>                    </u>
MC	<u>                    </u>	Verified	<u>                    </u>
VISA	<u>                    </u>	Verified	<u>                    </u>
<b>TOTAL</b>	<u>                    </u>	Verified	<u>                    </u>

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

Session # 40848  
Receipt # 148357  
Date Entered 8/18  
Cashier Amela