

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1519787

Vendor Name: Trinity Tempestini

Invoice Number: 121417

Invoice Date: 12/14/17

PO Number:

Check Number: 0230211

Check Amount: \$ 25.00

Check Date: 01/17/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0489918

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Mon Dec 18 14:57:50 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 STUDENT BOOK LOCKER SPACE USE AGREEMENT

I, [REDACTED], request the use of a student book locker for the term 2017 FA to 2017-FA. 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 by the last Friday of the Summer term, or the key deposit will be forfeited.
4. The College reserves the right to remove any items from the locker at any time. Items removed are the property of the College and will not be returned. Employees of the institution are not to be held responsible for items removed.
5. The College reserves the right to use any space in the locker for educational supply storage or other purposes. Items stored in the locker above may be disposed of by the College at any time without notice. Damage or loss of any person's property stored in the locker is the responsibility of the user.
6. The College has the right to terminate this agreement at any time for improper use.
7. The College will send renewal notices 30 days prior to the end of the term. If this agreement is not renewed, the locker will be closed at the end 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.

RECEIPT

DATE 9-8-17 No. [REDACTED]

FR [REDACTED] \$ 45.00

Forty-five and 00/100 DOLLARS

☐ FOR RENT
☐ FOR [REDACTED]

ACCT. 029 ☐ CASH FROM [REDACTED] TO [REDACTED]

PAID [REDACTED] ☐ CHECK BY [REDACTED]

DUE [REDACTED] ☐ MONEY ORDER

1152

Assigned Locker # 029

Location C

Date 9-8-17

Paid 45.00

Cash ☒ Check ☐ Credit Card ☐



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 _____