

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1009907

Vendor Name: University of North Georgia

Invoice Number: X7NJCKFDWJC

Invoice Date: 01/03/18

PO Number:

Check Number: 0230228

Check Amount: \$ 485.00

Check Date: 01/17/2018

Department ID: 00467

Reviewer Name:

Voucher Number: V0490704

Redaction Type: Other

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

Document Below

From: acctpay@cod.edu
Sent: Thu Jan 04 13:37:46 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Check Request: [REDACTED] STS Conference Registration

From: [REDACTED]
Sent: Thursday, January 4, 2018 8:21 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request: [REDACTED] NISTS Conference Registration

Good Morning,

Please see the attached check request and supporting documents for my NISTS conference registration. This has been approved via concur and the company does not accept American Express for online payments.

Let me know if you have any questions.

Thank you,



College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

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: 1/3/2018
Vendor ID: 1009907

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
X7NJCKFDWJC		01	30	00467	5503001	Travel - Out of State	\$ 485.00
Grand Total							\$ 485.00

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.
Consistent payment is appropriate to the title.

☐ 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: National Institute for the Study of
Transfer Students

Other
Instructions: _____

Payee Address: University of North Georgia 82
College Circle Dahlonega, GA 60597

Description on Check:

Hardee Conference Registration: Confirmation Number X7NJCKFDWJC

Approvals:

Prepared By: _____
Signature: _____
Payment Due: 1/30/2017

Approved By: SUSAN JERAK Date: 1-3-2018
Signature: Susan Jerak Date: 1-3-2018
Approved By: _____ Date: _____

Board Approved Date: _____

Signature: _____ Date: _____
Approved By Division VP: _____ Date: _____
Signature: [Signature] Date: 1-4-18

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

16th Annual Conference of the National Institute for the Study of Transfer Students

General Options

Title:

Transfer Coordinator

Address:

425 Fawell Blvd

Glen Ellyn, Illinois 60137

USA

Number of People Registered:

1

Confirmation Number:

X7NJCKFDWJC (needed to modify your registration)

Event Title:

16th Annual Conference of the National Institute for the Study of Transfer Students

Location:

Loews Atlanta Hotel

1065 Peachtree Street NE

Atlanta, Georgia 30309

USA

Phone:

404-745-5000

Date:

02/07/2018

Time:

8:00 AM

Current Registration Details

Registration

Registration Item	Cost
Regular Conference Registration	\$485.00

Optional Items

Optional Item	Cost
Association for the Study of Transfer Students	

Order Summaries

Order

Date	Type	Amt Ordered	Amt Paid	Amt Due
12/13/2017 6:03 PM ET	offline order	\$485.00	\$0.00	\$485.00
Total:		\$485.00	\$0.00	\$485.00

Payment Details

Please mail payments to