

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188426

Vendor Name: Village of Glen Ellyn, Illinois

Invoice Number: 011618

Invoice Date: 01/16/18

PO Number:

Check Number: E0065025

Check Amount: \$ 502.40

Check Date: 01/18/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0491746

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: 1/16/2018

Vendor ID: 1188426

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
December 2017 Village Hotel Tax		01	00	00000	2900012	Hotel/Motel Tax	\$ 152.20
Grand Total							\$ 152.20

**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: Village of Glen Ellyn

Other  
Instructions:Payee Address: 535 Duane Street  
Glen Ellyn, IL 60137

## Description on Check:

Payment of December 2017 Village of Glen Ellyn Hotel Taxes.

## Approvals:

Prepared By: Kevin Hickey

Approved By:

Date:

Signature:

Signature:

Date:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (96C 2132-A), [accpay@cod.edu](mailto:accpay@cod.edu)

01.01.17

0.0334

**Monthly Hotel and Motel Tax Return**  
Due Village of Glen Ellyn



Month and Year December 2017

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$3,044.00

Rate 5%

Amount of Tax \$152.22

Signature Jamie Frederick

Title Hotel Manager Date 1/8/18

Make checks payable to:

Village of Glen Ellyn  
535 Duane Street  
Glen Ellyn, IL. 60137

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188426

Vendor Name: Village of Glen Ellyn, Illinois

Invoice Number: 01162018

Invoice Date: 01/16/18

PO Number:

Check Number: E0065025

Check Amount: \$ 502.40

Check Date: 01/18/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0491747

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: 1/16/2018  
Vendor ID: 1188426

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
<del>December</del> 2017 Village Hotel Tax		01	00	00000	2900012	Hotel/Motel Tax	\$ 350.20
November							

Grand Total

\$ 350.20

**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 received 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: Village of Glen Ellyn  
Payee Address: 535 Duane Street  
Glen Ellyn, IL 60137

Other Instructions: \_\_\_\_\_

Description on Check:

November  
Payment of ~~December~~ 2017 Village of Glen Ellyn Hotel Taxes.

Approvals:

Prepared By: Kevin Hickey  
Signature: [Signature]  
Payment Due: \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Approved By: [Signature] Date: 1/16/18  
Signature: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_

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

01.01.1

0.0339

**Monthly Hotel and Motel Tax Return**  
Due Village of Glen Ellyn



Month and Year November 2017

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$7,004.00

Rate 5%

Amount of Tax \$350.20

Signature *Jamie Federal*

Title Hotel Manager

Date 12/1/17

Make checks payable to:

Village of Glen Ellyn  
535 Duane Street  
Glen Ellyn, IL. 60137