

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1463898

Vendor Name: A Moon Jump 4U Inc.

Invoice Number: 52735

Invoice Date: 10/03/17

PO Number:

Check Number: E0065037

Check Amount: \$ 705.00

Check Date: 01/24/2018

Department ID: 12781

Reviewer Name:

Voucher Number: V0491766

Redaction Type: None

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

Document Below

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From: zerrudom@cod.edu  
Sent: Thu Jan 18 10:34:09 CST 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Vendor Payment  
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-----Original Message----- From: Hernandez, Shannon Sent: Wednesday, January 17, 2018 11:55 AM To: Zerrudo, Maria Subject: Vendor Payment Marivic - Can you look into the attached check request and invoice. It's from October and the company is notifying us that they haven't received payment. Thanks - Shannon  
Shannon Hernandez College of DuPage Office of Student Life Coordinator of Student Life – Clubs and Office Operations Co-Advisor Phi Theta Kappa 630-942-3054 Deliberative \* Restorative \* Adaptability \* Empathy \* Harmony

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

## 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: 10/3/2017  
Vendor ID: 1463898

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
52735		10	99	12781	2900099	Funds Held in Custody of Othr	\$ 705.00

Grand Total \$ 705.00

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: A Moon Jump 4U, Inc

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

Payee Address: 5109 W. Lake Street; Melrose Park, IL  
60160

## Description on Check:

Payment for a photo booth for an Alter Ego Productions events for the students.

## Approvals:

Prepared By: Shannon Hernandez

Approved By: Chuck Steele

Date:

Signature:

Signature:

10/4/17

Payment Due:

10/13/2017

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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



**Amoonjump4u, AMJSE, Elmhurst Party Tents**

*"We turn your events from ordinary to extraordinary!"*

5109 West Lake Street

Melrose Park, Illinois 60160

677-386-2657

[info@amoonjump4u.com](mailto:info@amoonjump4u.com)

Dates: 09/26/2017 - 09/26/2017

Setup Time: 8-9 am -

Event Time: 10-1 -

P.O# : INV# : 52735

Pickup Time : after 1 -

**Billing:**

Kristina Henderson Marella Aler

College of DuPage - AEP

425 Fawell Boulevard

Glen Ellyn, Illinois 60137

[hendersn@cod.edu](mailto:hendersn@cod.edu)

630-942-2800

**Location:**

Kristina Henderson Marella  
Aler

College of DuPage - AEP

425 Fawell Boulevard

Glen Ellyn, Illinois 60137

XXXX-

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Setup: Indoor

Comments:

1	Photo Booth (4hr )	705.00
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Sub Total: 705.00

Tax: 0.00

Processing: 0.00

Discount: -0.00

Deposit: -0.00

F-

Payment: -0.00

Total Due: 705.00