

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1319429

Vendor Name: AAFPE American Assoc. for Para

Invoice Number: 032318

Invoice Date: 03/23/18

PO Number:

Check Number: 0234737

Check Amount: \$ 750.00

Check Date: 04/11/2018

Department ID: 99470

Reviewer Name:

Voucher Number: V0507999

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: 3/23/2018  
Vendor ID: 1319429

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descr.	Amount
		10	99	99470	2900099	Funds Held In Custody of Othr	\$ 750.00

Grand Total \$ 750.00

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.

☐ 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.

**AP VERIFIED**  
**04/05/18 - MARIA ZERRUDO**

Payee Name: AAPE (Lambda Epsilon Chi LEX)

Other  
Instructions:

Payee Address: 222 S. Westmonte Drive, Ste 101;  
Altamonte Springs, FL 32714

Description on Check:

Payment for 15 new induction fees - students pay their own fees.

Approvals:

Prepared By: Shannon Hernandez  
Signature: [Signature]  
Payment Due: 4/13/2018

Approved By: Chuck Steele  
Signature: [Signature]  
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)

0754

0.034

## Lambda Epsilon Chi (LEX) INVOICE

Name of Chapter: College of DuPage

Date: March 7, 2018

Ship to: Name: College of DuPage

Address: Attn: Sally N. Fairbank

425 Fawell Blvd., BIC 1818A

City, ST, Zip: Glen Ellyn, IL 60137

Phone: (630) 942-2955

Email: fairbank@cod.edu

Quantity	Description	Unit Price	Total
<u>15</u>	LEX Certificate and Pin (Induction fee)	\$50.00	\$ <u>750.00</u>
<u>0</u>	LEX Graduation Sash	\$35.00	\$ <u>0.00</u>
<u>0</u>	LEX Banner	\$99.00	\$ <u>0.00</u>
<u>N/A</u>	LEX Expedited Processing/Shipping (If applicable - please see below)	\$25.00	\$ <u>N/A</u>
Amount Paid			\$ <u>750.00</u>

AAfPE will pay standard mailing costs for orders placed within a two-week delivery date. Expedited shipping costs for induction certificates, pins and sashes will be billed to the LEX chapter.

Please allow for a an additional 3-5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

### Payment details:

\_\_\_ Payment by Check payable to **AAfPE** Check #: Being Processed Amount \$: 750.00

Please note that only school-issued checks will be accepted. Personal checks from students will be returned. Money Orders will be accepted as a form of payment.

Select Card Type: \_\_\_ Amex \_\_\_ Visa \_\_\_ MasterCard

Name on Card: \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Card Number : \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Please mail form and payment to:

**AAfPE, 222 S Westmonte Dr Ste 101, Altamonte Springs FL 32714**

Phone: 407-774-7880

Fax: 407-774-6440 (credit card payments only)

Email: [info@aafpe.org](mailto:info@aafpe.org)

[Print Form](#)

[Submit by Email](#)