

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188209

Vendor Name: College of Dupage Foundation

Invoice Number: 121417

Invoice Date: 12/14/17

PO Number:

Check Number: 0234810

Check Amount: \$ 1,664.80

Check Date: 04/11/2018

Department ID: 11201

Reviewer Name:

Voucher Number: V0507886

Redaction Type: Other

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: 12/14/2017
Vendor ID: 1188209

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		05	60	11201	2900005	Art Center Deposit Liability	\$ 1,664.80

Grand Total \$ 1,664.80

--- \$1,000 and greater: approval of Division Vice President Required ---

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: College of DuPage Foundation

Other
Instructions:

Payee Address: 425 Fawell Blvd. Glen Ellyn, IL



Description on Check:

Transfer donations received in the MAC Box Office to the COD Foundation

Approvals:

Prepared By: Jennifer Berosek
Signature: Jennifer Berosek
Payment Due: 4/13/18
Board Approved Date: _____

Approved By: _____ Date: _____
Signature: Ellen McGowan 3/28/18
Approved By: _____ Date: _____
Signature: Donna Stewart 3/29/18
Approved By Division VP: _____ Date: _____
Signature: _____

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

003
07.02.2
0.334

[illegible]

1188209

7886

04/11/2018

0234810

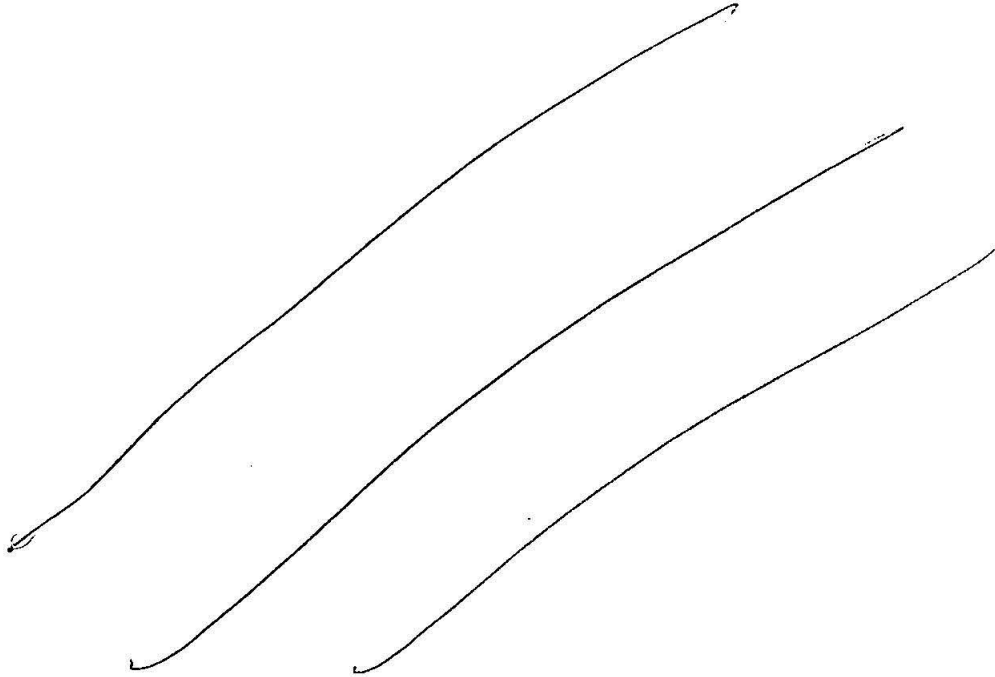
121417

V0507886

Transfer donations rec'd.

0560112012900005

1,664.80



Molly Gmoch 04/12/18

1,664.80

0234810

PAY ONLY ONE THOUSAND SIX HUNDRED SIXTY FOUR AND 80/100 DOLLARS

04/11/2018

\$*****1,664.80

College of Dupage Foundation
425 Fawell Blvd.
Glen Ellyn IL 60137