

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188209

Vendor Name: College of Dupage Foundation

Invoice Number: 032818

Invoice Date: 03/28/18

PO Number:

Check Number: 0234811

Check Amount: \$ 295.50

Check Date: 04/11/2018

Department ID: 11701

Reviewer Name:

Voucher Number: V0507887

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: 3/28/2018
Vendor ID: 1188209

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		05	60	11701	2900005	Art Center Deposit Liability	\$ 295.50

Grand Total \$ 295.50

AP VERIFIED

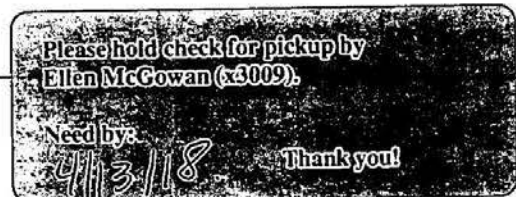
Check the appropriate box below and sign

☒ 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: 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

Approved By: Ellen McGowan Date: 3/28/18
Signature: Ellen McGowan
Approved By: Ellen McGowan Date: 3/28/18

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

003

07.02.2

0.034

March 27, 2018 Check Request Detail for Donations processed through ProVenue												
LAST NAME	FIRST NAME	DONATION AMOUNT	FOR	DATE RECEIVED	ADDRESS LINE 1	ADD. LINE 2	CITY	ST	ZIP CODE	In PV	Payment Type	SESSION
		100.00	NP-FY18	6/13/2017								For the balance of ticket exchanges that the patron requested to be donated
		184.00	NP-FY18	6/11/2017								
		11.50	NP-FY17	10/19/2016								
TOTAL FOR 05-60-11701-2900005		295.50										

1188209

7887

04/11/2018

0234811

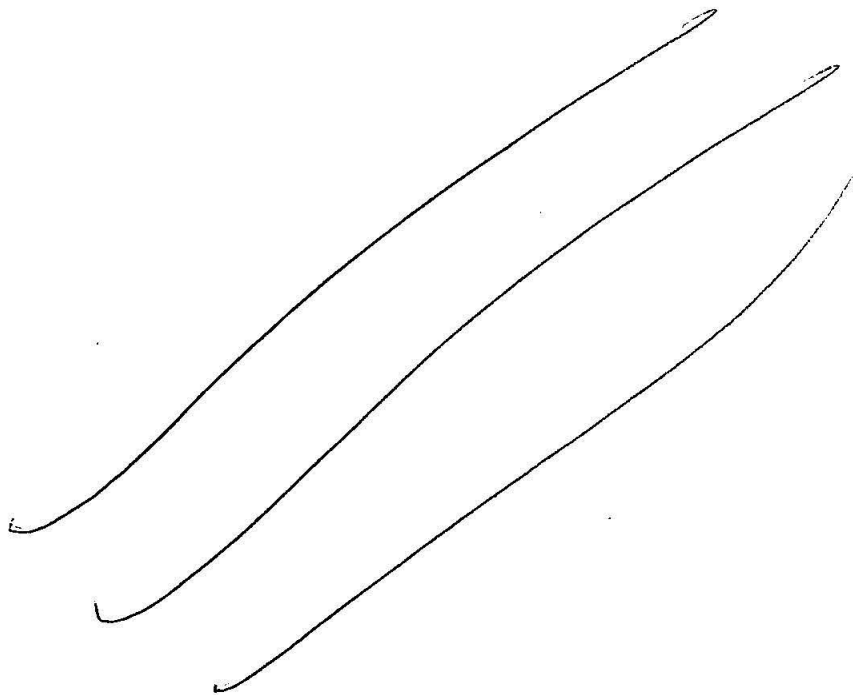
032818

V0507887

Transfer donations rec'd

0560117012900005

295.50



Molly Gynoch 04/12/18

295.50

0234811

PAY ONLY TWO HUNDRED NINETY FIVE AND 50/100 DOLLARS

04/11/2018

\$*****295.50

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