

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1452336

Vendor Name: SKILLS USA INC ILLINOIS

Invoice Number: S46311

Invoice Date: 04/02/18

PO Number:

Check Number: 0235134

Check Amount: \$ 90.00

Check Date: 04/13/2018

Department ID: 02638

Reviewer Name:

Voucher Number: V0509055

Redaction Type: None

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

Document Below

Perkins Fr. 3/3/18

AP VERIFIED

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

04/12/18 - ROBERT MAREK

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:

4/3/18

Vendor ID:

1452336

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|-----------------|--------|
| S 46311 | | 06 | 10 | 02638 | 5304001 | | 90 |
| | | | | | 5501001 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Grand Total

\$ 90⁰⁰

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:

Skills USA

Other
Instructions:

Payee Address:

PO Box 1029
Pekin, IL 61555

Description on Check:

Check for \$90 to Skills USA to be hand-delivered to
completion by Melissa Victor - Faculty. Please call
Anna @ 2502 to pick up.

Approvals:

Prepared By:

Signature:

Anna Kelly

Payment Due:

4/19/18

Board Approved Date:

Approved By:

Signature:

Robert Marek

Approved By:

Signature:

Robert Marek

Approved By Division VP:

Signature:

Date:

Date:

Date:

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

J.B.

REQUISITION FORM

FY: 18

Name of Grant: Perkins

Activity Number: 2A3
(if applicable)

COLLEGE OF DuPAGE

Community College District NO. 502

Glen Ellyn, IL 60137

| VENDOR NUMBER <u>1452336</u> | | ACCOUNT NAME | | DEPT. <u>1</u> | UNIT/SUB | OBJECT/SUB | \$AMOUNT |
|--------------------------------------|----------|--------------|------------------------------|--|------------|---------------------------------|-----------------------|
| VENDOR NAME <u>Skills Usa</u> | | | | <u>2</u> | | | |
| VENDOR ADDRESS <u>Po Box 1029</u> | | | | DEPARTMENT NAME <u>Acct Cosme</u> | | DATE REQUIRED <u>4/10/18</u> | |
| <u>Perkin, IL 61555</u> | | | | RESPONSIBLE PERSON (PLEASE PRINT) <u>Anna Bay</u> | | PHONE EXT. <u>2502</u> | |
| | | | | DELIVER TO (REQUIRED) | PHONE EXT. | BUILDING | ROOM |
| CONTACT | | | PHONE <u>703-674-5465</u> | APPROVED-Authorized Signature-Budget Director <u>[Signature]</u> | | | DATE <u>4/2/18</u> |
| | | | TERMS | APPROVED-Vice President-When required (see #4 Below) <u>[Signature]</u> | | | <u>4/3/18</u> |
| ITEM NO. | QTY. | UNIT | MANUF. # | DESCRIPTION, SIZE, COLOR, CATALOG NO. | | UNIT COST | TOTAL COST & DISCOUNT |
| <u>1</u> | <u>1</u> | | | <u>Teacher Registration</u> | | <u>90.00</u> | <u>90.00</u> |
| <u>2</u> | | | | <u>Invoice #</u> | | | |
| <u>3</u> | | | | <u>526311</u> | | | |
| <u>4</u> | | | | <u>Please call Anna X2502</u> | | | |
| <u>5</u> | | | | <u>when check is cut!</u> | | | |
| <u>6</u> | | | | <u>Event is April 19 -</u> | | | |
| <u>7</u> | | | | | | | |

- Fill out completely, if Perkins, leave Acct No blank.
- Fill in vendor information. If new vendor, obtain a vendor number through the new vendor process.
- Requisitions must be approved by appropriate Dean, Assoc. Dean or Director before being processed.
- Requisitions for out of State travel (air, bus or car) must be approved by your respective Vice-President before being processed on the Pre-Travel forms,
- Requisitions amounting to but not exceeding \$4999 will be processed at the discretion of the Purchasing Dept. Requisitions from \$5000-\$14,999 will have a minimum of 3 verbal quotes solicited by Purchasing. Requisitions from \$15,000-\$24,999 will have 3 written quotes solicited by Purchasing.
- Any item or items to a single vendor exceeding \$25,000 must be formally bid.



**SkillsUSA Illinois State Leadership & Skills
Conference
INVOICE**

Invoice #: **S46311**
Invoice Date: 4/2/2018
Invoice Amount: \$90.00
Print Date: 04/02/2018
PO #:

Bill To

Accounts Payable
College of DuPage Business & Technology
425 Fawell Blvd TEC 1057
Glen Ellyn, IL 60137

Billing Email: victorme@cod.edu

Payment Information:

Checks payable to: "SkillsUSA Illinois, Inc." mailed c/o State
Conference Registration

P.O. Box 1029
Pekin, IL 61555-1029
membership@skillsusaillinois.org

Please send State Conference Registration Fees to the SkillsUSA Illinois State Office: SkillsUSA Illinois Inc., c/o State
Conference Registration, P.O. Box 1029, Pekin, IL 61555-1029. Checks should be made out to: "SkillsUSA Illinois, Inc."

Please take care to see that your school's business office does not mistakenly send these payments to the National
SkillsUSA payment address. The only payment that should be sent to National SkillsUSA is your school's Membership
Fee. Send all other Fees to: SkillsUSA Illinois Inc., P.O. Box 1029, Pekin, IL 61555-1029.

School / Chapter / Training Program

College of DuPage Business & Technology
425 Fawell Blvd TEC 1057
Glen Ellyn, IL 60137

Inv. Created By: victorme@cod.edu
Melissa Victor
victorme@cod.edu
Cosmetology

Event Information:

Dates: 4/19/17 - 4/21/17
Bank of Springfield Center
Springfield IL

| Name | Fee Item | Qty | Amount | Extended |
|-------------------------------|-------------|--------------------------|----------------|----------|
| victor, melissa | Advisor Fee | 1 | \$90.00 | \$90.00 |
| Number Of Registrants: | 1 | Total Amount Due: | \$90.00 | |

Lisa A Stock

4/3/18

Payments

| Payment Type | Document # | Date | Amt Paid | Applied |
|--------------|------------|------|----------|---------|
|--------------|------------|------|----------|---------|

Totals Payments: \$0.00