

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0628903

Vendor Name: Mr Nathan R. Loll

Invoice Number: 042818B

Invoice Date: 04/20/18

PO Number:

Check Number: 0235193

Check Amount: \$ 630.00

Check Date: 04/24/2018

Department ID: 00825

Reviewer Name:

Voucher Number: V0509992

Redaction Type: FERPA

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

Document Below

Humphrey, Vera

From: Metcalf, Marsha
Sent: Friday, April 20, 2018 3:56 PM
To: Humphrey, Vera
Cc: Jorgensen, Laurette; Spaniol, Sara
Subject: exception check payment request
Attachments: [REDACTED]

Hi Vera,

I'm requesting an exception check payment approval for the attached.

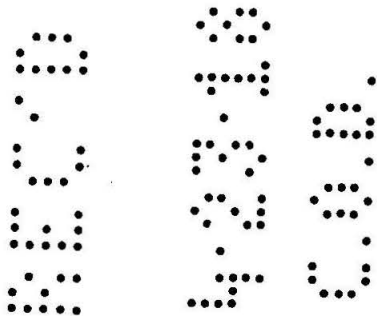
[REDACTED] nning a workshop for this year's STEMCON event on April 28.

We have spoken with Eugene Refakes and Dave Virgilio about this and this is the process they suggested.

We will need to pay him the day of, so I'd like to pick the check up on Thursday, April 26.

Thank you,
Marsha

Marsha Metcalf
Administrative Assistant, Marketing and Communications
College of DuPage
425 Fawell Blvd., Glen Ellyn, IL 60137
Phone (630) 942-3370 | metcalf@cod.edu | cod.edu
Office Location Berg Instructional Center (BIC) 1D02



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: 4/20/2018
Vendor ID: [REDACTED]

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
042818b		01	90	00825	5309001	Other Contractual Services Exp	\$ 630.00
Grand Total							\$ 630.00

AP VERIFIED

04/23/18 - BETHANY CRUSE

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: [REDACTED] Other Instructions: * please DO NOT MAIL CHECK * call marsha metcalf x3370 when check is ready to be picked up. Thank you.

Payee Address: [REDACTED]

Description on Check:

STEMCON 2018 workshop

Approvals:

Prepared By: Marsha Metcalf Approved By: Laurie Jorgensen Date: 4/20/18
Signature: [Signature] Signature: [Signature]
Payment Due: Thursday April 26, 2018 Approved By: [Signature] Date:
Board Approved Date: Signature: Date:
Approved By Division VP: Signature:

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

Manual check
x Brian W. Caputo


Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs



Date: 04/20/2018
Invoice: #042818b

SOLD TO:

College of DuPage
STEMCON - Marketing
425 Fawell Blvd
Glen Ellyn, IL 60137

Product	Unit Price	Qty	Total Cost
STEMCON Workshop Registration for 1:30 p.m. LEGO workshop on Saturday, April 28, 2018	\$31.50	20	\$630.00
Make check payable to 			Sub-Total: \$630.00 Shipping: n/a Total: \$630.00

0628903

04/24/2018

0235193

042818B

V0509992

STEMCON WORKSHOP

0190008255309001

630.00

111

630.00

Marked McKay 4/26/18

0235193

PAY ONLY SIX HUNDRED THIRTY AND 00/100 DOLLARS

04/24/2018

\$*****630.00

Mr Nathan R. Loll
433 East Maple St
Lombard IL 60148