

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084150

Vendor Name: DuPage County Health Dept.

Invoice Number: 1N0014334

Invoice Date: 03/30/18

PO Number:

Check Number: E0066422

Check Amount: \$ 498.00

Check Date: 04/11/2018

Department ID: 17100

Reviewer Name:

Voucher Number: V0507837

Redaction Type: None

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

Document Below

**Cline, Danielle**

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**From:** acctpay@cod.edu  
**Sent:** Wednesday, April 4, 2018 12:37 PM  
**To:** Cline, Danielle  
**Subject:** Voucher Confirmation: V0507837

Voucher Number V0507837  
Voucher Status In Progress (Unfinished)

Requestor Name Miss Danielle Cline

Voucher Date 04/04/18  
Due Date 04/15/18  
Vendor ID and/or Name 1084150 DuPage County Health Dept.  
AP Type IM Invoices < \$15,000  
Voucher Total \$265.00

**ITEM 1**

Item Description 2018 Pool Permit  
Quantity 1.000  
Price \$265.0000  
Extended Price \$265.00  
GL Distribution 01-30-17100-5309001

**AP VERIFIED**  
**04/09/18 - MARIA ZERRUDO**

**COMMENTS**

**APPROVAL**

**DATE**

4/4/18

*Danielle Cline*

**NEXT APPROVALS**

*[Signature]*

2423  
555  
555

## INVOICE - FIRST NOTICE

**Total Amount of:**

**\$265.00**

**Due By:**

**05/14/2018**

TO: COLLEGE OF DUPAGE  
PAUL ZAKOWSKI  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

ATTN: PAUL ZAKOWSKI  
RE: COLLEGE OF DUPAGE

Invoice ID

IN0014334

Date

3/30/2018

Account ID

AR0006280

Facility ID

FA0006163

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
3/30/2018	8007	Annual Swimming Pool Permit 425 FAWELL BLVD GLEN ELLYN IL 60137	\$265.00
Total Due for This Invoice:			\$265.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**

*OK TO PAY  
P.C.*

You can now pay online! Visit our website at <http://www.dupagehealth.org/epay>

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084150

Vendor Name: DuPage County Health Dept.

Invoice Number: IN0011374

Invoice Date: 03/16/18

PO Number:

Check Number: E0066422

Check Amount: \$ 498.00

Check Date: 04/11/2018

Department ID: 11301

Reviewer Name:

Voucher Number: V0507943

Redaction Type: None

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

Document Below

-----  
From: junokasm@cod.edu  
Sent: Fri Apr 06 09:15:07 CDT 2018  
To: junokasm@cod.edu,invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: AR201WC7835 Device Name:  
PRN303

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

EMPLOYEES

Welcome Molly!

## Voucher

Voucher Number V0507943  
 Voucher Amount \$233.00  
 Vendor ID and/or Name 1084150 DuPage County Health Dept.

E-MAILED APR 06 2018

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000  
 Voucher Date 04/05/18 Voucher Maintenance Date 04/05/18 Due Date 04/12/18  
 Invoice Number IN0011374 Invoice Date 03/16/18  
 Check/Transaction Number Paid Date

### Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Annual Category III Food		1.000		233.0000	233.00	05-60-11301-5309001 AUX MAC Operations : Other Contractual Services Exp	IN0011374			

### Comments

Annual Category III Food Permit, 2018  
 70 Food Permit NONE

Approval Date Next Approval

*Ellen M. Moran*

OK

04/05/18

## INVOICE - FIRST NOTICE

Total Amount of:

**\$233.00**

Due By:

**04/30/18**

TO: McANINCH ARTS CENTER  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

VOUCHER# V0507943  
E-MAILED APR 0 6 2018

Invoice ID IN0011374	Date 3/16/2018
Account ID AR0002667	Facility ID FA0003237

RE: McANINCH ARTS CENTER

MCANINCH ARTS CENTER

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
3/16/2018	4007	Annual Category III Food Establishment 425 FAWELL BLVD GLEN ELLYN IL 60137	\$233.00

Total Due for This Invoice:

**\$233.00**

Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.

05-60-11301-5309001  
TO LICENSE NONE

*Elena M. Gonzalez*

04/05/18

**AP VERIFIED**  
**04/06/18 - MARIA ZERRUDO**

You can now pay online! Visit our website at <http://www.dupagehealth.org/epay>