

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1178337

Vendor Name: Phi Theta Kappa

Invoice Number: 060218

Invoice Date: 06/02/18

PO Number:

Check Number: 0237249

Check Amount: \$ 130.00

Check Date: 07/11/2018

Department ID: 12691

Reviewer Name:

Voucher Number: V0518326

Redaction Type: None

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: 6/2/2018
Vendor ID: 1266536

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	12691	2900099	Funds Held in Custody of Othr	\$ 130.00

AP VERIFIED

Grand Total

\$ 130.00

07/09/18 - 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: Phi Theta Kappa
Payee Address: PO Box 13729, Jackson, MS39236-3729

Other
Instructions: _____

Description on Check:

Payment for memberships for Phi Theta Kappa for Presidential Scholars.

Approvals:

Prepared By: Shannon Hernandez
Signature: _____
Payment Due: 6/28/2018
Board Approved Date: _____

Approved By: Chuck Steele Date: 6/11/18
Signature: _____
Approved By: _____ Date: _____
Signature: _____
Approved By Division VP: _____ Date: _____
Signature: _____

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



Phi Theta Kappa International Honor Society
Center for Excellence
1625 Eastover Drive
Jackson, MS 39211
(800) 946-9995

PAST DUE STATEMENT

5/14/2018

Bill To: 000012002276

Phi Beta Chapter
College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137-6708

Invoice No.	Order Date	Order No.	Ship Customer	Qty	Market Code	Discount Amt	Line Total	Order Total
0002384780	3/5/2018	1072942931	Dominique Slezak	1		\$0.00	\$60.00	\$65.00
PTK - Phi Theta Kappa International Membership				1		\$0.00	\$5.00	
PTK - Illinois Region Membership								
0002461868	4/4/2018	1073004862	Lauren Martin	1		\$0.00	\$60.00	\$65.00
PTK - Phi Theta Kappa International Membership				1		\$0.00	\$5.00	
PTK - Illinois Region Membership								
Current Amount Due:								\$130.00

Please detach the lower portion and return it with your payment. Thank you.

30-60	60-90	90-120	120+	Total Due
\$65.00	\$65.00	\$0.00	\$0.00	\$130.00

Amount Enclosed: _____

Customer: 000012002276 Phi Beta Chapter

☐ Visa ☐ Mastercard ☐ Discover ☐ Check

Credit Card No.: _____ CVV2: _____

Check No.: _____

Exp. Date: ____ / ____ Signature: _____

Please make check payable to **Phi Theta Kappa**.

Credit card orders without your signature cannot be processed.

Send payments to: Phi Theta Kappa International Honor Society
Financial Services Department
P.O. Box 13729
Jackson, MS 39236-3729