

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0000003

Vendor Name: College of DuPage

Invoice Number: PETTYCASH063018

Invoice Date: 06/30/18

PO Number:

Check Number: 0237313

Check Amount: \$ 15.99

Check Date: 07/18/2018

Department ID: 00226

Reviewer Name:

Voucher Number: V0519295

Redaction Type: None

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

Document Below

PLEASE PROCESS
FOR FY 2018

College of DuPage - Accounts Payable
Check Request Form
revised 3/17/17

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: 06/30/18
Vendor ID: 0000003

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descip.	Amount
		01	10	00226	5401002	Instructional Supplies	\$ 15.99
Grand Total							\$ 15.99

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.

07/12/18 - MARIA ZERRUDO

Payee Name: College of DuPage/Petty Cash Fund

Other Instructions: Please send check to The Cashier's Office BIC2424

Payee Address: 425 Fawell Blvd, Glen Ellyn, IL 60137

Description on Check:

description :	Petty Cash Reimbursement
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Approvals:

Prepared By: Karen E. Pipal

Signature: [Signature]

Payment Due: 7/3/2018

Board Approved Date: _____

Approved By: [Signature]

Signature: [Signature]

Approved By: [Signature]

Signature: [Signature]

Approved By Division VP: _____

Signature: _____

Date: 07/05/18

Date: _____

Date: 7/5/18

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

07.0

0.034



Petty Cash Reimbursement Request

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: Nursing

Date: 6/21/18

Description	GL Number	Amount
5ft floor cord protector	01-10-00226-5401002	15.99
Total Reimbursement Request:		\$ 15.99

Employee Name: Melissa Ericson

Employee Signature: Melissa Ericson

Dept. Authorized Signer Name: Melissa Ericson

Authorized Signature: Melissa Ericson

Date Received: 7-3-18

Cashier's Office Use Only

Cashier Name: Toni Harris

Request Approved By: K. Pope

Funds Received By: Melissa Ericson

The Container Store

610 Oakbrook Center
Oak Brook, Illinois 60523
(630) 861-5010

Make Your Dream Closet
A Reality!

Let Us Design It Today!

5' Floor Cord Protector D 10070113 \$15.99

Subtotal	\$15.99
Tax	\$1.20
Total	\$17.19

TENDERS

MasterCard 2909 \$17.19

Auth: 062603

Merchant: 230867

Application Label: Debit MasterCard
CHIP

AID: A0000000041010

TVR: 0400048000

IAD: 0110A0000122000000000000

000000000000FF

TSI: E800

ARC: 00

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0000003

9295

07/18/2018

0237313

PETTYCASH0

V0519295

To Reimburse Petty Cash

0110002265401002

15.99

*Received
7-19-18
James Schuler*

15.99

0237313

PAY ONLY FIFTEEN AND 99/100 DOLLARS

07/18/2018

\$*****15.99

College of DuPage
Petty Cash Fund
425 Fawell Blvd
Glen Ellyn IL 60137