

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1194820

Vendor Name: College of Dupage - Petty Cash

Invoice Number: MACPETTYCASH

Invoice Date: 07/10/18

PO Number:

Check Number: 0237316

Check Amount: \$ 258.90

Check Date: 07/18/2018

Department ID: 12271

Reviewer Name:

Voucher Number: V0519290

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

4418

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:

Vendor ID: 1194820

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	30	12271	5401006	Other supplies	\$ 258.90
Grand Total							\$ 258.90

**AP VERIFIED**

**07/12/18 - MARIA ZERRUDO**

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: COD Petty Cash

Other Instructions:

Please hold check for pickup by  
Ellen McGowan (x3009).

425 Fawell Blvd

Payee Address: Glen Ellyn, IL 60137

Need by:

ASAP

Thank you!

Description on Check:

MAC Petty Cash Reimbursement 09/2017 - 03/2018

**Approvals:**

Prepared By: Ellen McGowan

Approved By: Ellen McGowan

Date:

Signature:

*Ellen McGowan*

Signature:

*Ellen McGowan*

7/10/18

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

000  
07.11.18

0.034

## College of DuPage Petty Cash Reimbursement/Reconciliation Form

### Section 1

Requestor's Name:	<u>Ellen McGowan</u>	Phone Number:	<u>3009</u>
Supervisor's Name	<u>Diana Martinez</u>	Phone Number:	<u>3007</u>
Department:	<u>MAC</u>	Date:	<u>7/5/2018</u>

### Section 2

Employee Name	Purchase Date	Is Purchase Online or Store?	Vendor Name	Business Purpose/ Activity	General Ledger #	Amount
					Summarized in Section 3	
Jon Gantt	9/20/2017	Store	Home Depot	Wiring Electric Supplies	01-30-12271-5401006	\$85.47
Jon Gantt	10/13/2017	Store	Home Depot	Period Piece Lightbulbs	01-30-12271-5401006	\$49.40
Jon Gantt	10/14/2017	Store	Home Depot	Lighting Sockets	01-30-12271-5401006	\$49.26
Jon Gantt	2/13/2018	Store	Home Depot	Shop Paint/Drawing Supplies	01-30-12271-5401006	\$30.10
Jon Gantt	3/8/2018	Store	Buikema's Ace	Shop light bulbs	01-30-12271-5401006	\$26.73
Jon Gantt	3/8/2018	Store	Home Depot	Shop Paint	01-30-12271-5401006	\$17.94

### Section 3

Summary of Section 2	
G/L Account Number	Amount
01-30-12271-5401006	\$258.90
<b>Total Reimbursement</b>	<b>\$258.90</b>

Total Receipts

\$ 258.90

### Section 4

Total Receipts On Hand (total from above)	\$ 258.90
+ Reimbursements in Transit	
<b>Total Receipts on Hand and In Transit</b>	<b>\$ 258.90</b>
+ Cash on Hand	\$ 241.10
<b>Total Petty Cash Fund</b>	<b>500.00</b>
<b>Over(Short) Amount</b>	<b>\$ -</b>

### Section 5

<p><i>I certify that the above purchases were made in accordance with the College of DuPage policies and procedures. In addition, I certify that the Cash on Hand amount stated above accurately reflects the cash balance at the time this reconciliation was completed.</i></p>			
Requestor's Signature	Date	Supervisor's Signature	Date
Please allow time to process Petty Cash reimbursement request.		Must be an approved College of DuPage authorized signer	

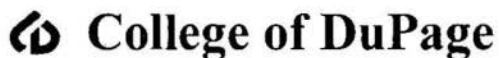
### Section 6

<p><i>I certify that I have received the funds as requested above.</i></p>	
Requestor's Signature	Date

Date	Fund/ Function	Dept	Object	MAC Object	Show Code	Description	Amt.
9/20/2017	01/30	12271	5401006	75	CT18_SHINING	wiring electric supplies	\$85.47
10/13/2017	01/30	12271	5401006	75	CT18_SHINING	period piece light bulbs	\$49.40
10/14/2017	01/30	12271	5401006	75	CT18_SHINING	lighting sockets	\$49.26
2/3/2018	01/30	12271	5401006	74	NONE	paint & drawing supplies	\$30.10
3/8/2018	01/30	12271	5401006	74	NONE	paint	\$17.94
3/8/2018	01/30	12271	5401006	74	NONE	light bulbs	\$26.73
Sub-total:							<del>258.90</del> 258.90
TOTAL:							\$258.90

Vendor 1194820

COO Betty Cash



## 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: MAC

Date: 09/20/17

Description	GL Number	Amount
College Theater - wiring electric supplies	01-30-12271-5401006	85.47
Total Reimbursement Request:		\$ 85.47

Employee Name: JON GANTT

Employee Signature: Jon Gantt

Dept. Authorized Signer Name: Ellen McGowan

Authorized Signature: Ellen McGowan

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_

**College of DuPage** 4/18

# Petty Cash

(See Instructions on Reverse Side)

DEPARTMENT <b>College Theater-Shining lives</b>				DATE <b>9/20/17</b>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB	AMOUNT	
<b>Wiring</b>	<b>01 30</b>	<b>1227</b>	<b>135401006</b>	<b>40</b>	<b>17</b>
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
<b>Electric Supplies</b>	<b>01 30</b>	<b>1227</b>	<b>15401006</b>	<b>45</b>	<b>30</b>
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
PLEASE ATTACH ALL RECEIPTS. <b>75 Set Construction</b> <b>CT18-SHINING</b>				TOTAL	<b>85,47</b>
EMPLOYEE NAME	AUTHORIZED SIGNATURE		FUNDS RECEIVED		
<b>Jon Banitt</b>	<b>Ellen M. Monahan</b>		<b>Jon Banitt</b>		

## **INSTRUCTIONS**

A petty cash fund is maintained by the Cashier-Finance Office for emergency cash expenditures of less than \$100 total per occurrence. Forms, available from the cashier, must be properly completed and approved by an authorized signator. Original receipts must be available to support the expenditure. Charges will be allocated to the College or department, as appropriate. No advances or reimbursements for travel are allowed through petty cash. Petty cash expenditures must be submitted within 30 days of their occurrence. No OBJ/SUB in the 5000 series will be accepted.



**More saving.  
More doing.™**

2000 BUTTERFIELD RD.  
DOWNERS GROVE, IL 60515 (630)792-9600

1916 00002 29179 09/14/17 06:39 PM-  
CASHIER MAX

048243437108 WIRE <A> 40.17N  
18/2 250' BLACK LAMP WIRE

SUBTOTAL 40.17  
SALES TAX 0.00

TAX EXEMPT  
TOTAL \$40.17

XXXXXXXXXXXX8586 MASTERCARD USD\$ 40.17  
TA

AUTH CODE 60427P/6024733

Chip Read

ATD A0000000041010 MasterCard

TVR 0000008000

IAD 0110607003220000C4FA0000000000000FF

TSI E800

ARC 00



1916 02 29179 09/14/2017 0476

RETURN POLICY DEFINITIONS

POLICY ID, DAYS POLICY EXPIRES ON  
A 1 90 12/13/2017

THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

BUY ONLINE PICK-UP IN STORE  
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encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

**User ID:  
H89 60563 58649**

**P .sword:  
17 64 58647**

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.





**More saving.  
More doing.<sup>SM</sup>**

17W734 22ND STREET  
OAKBROOK TERRACE, IL 60181 (630)261-1240

1982 00005 03078 09/14/17 07:23 PM  
CASHIER JEREL

017801179354 6W ST19 LED <A>	10.74N
FEIT 6.5W SW ST19 DIM LED VINTAGE AM	
078477253700 PUSH SCKT <A>	3.48N
PUSH BUTTON SOCKET LAMP HOLDER	
078477305003 TURN SCKT <A>	3.58N
TURN KNOB SOCKET LAMP HOLDER	
017801178494 40W ORIGINAL <A>	4.94N
FEIT 40W ST19 NOSTALGIC 2700K	
017801179446 6W ST19 LED <A>	10.74N
FEIT 6.5W SW ST19 DIM LED VINTAGE CL	
046677461645 PLC40ST19FIL <A>	9.76N
PLC 5.5W(40W) ST19 FILMNT LED SW 1PK	
078477107294 MED BSE SCKT <A>	2.06N
660W BROWN PIN-TYPE LAMPHOLDER	

SUBTOTAL 45.30  
SALES TAX 0.00

TAX EXEMPT

TOTAL \$45.30

XXXXXXXXXXXX8586 MASTERCARD

USD\$ 45.30

AUTH CODE 05434P/6050947

Chip Read

AID A0000000041010

MasterCard

TVR 0000008000

IAD 0110607003220000C0F500000000000000FF

TSI E800

ARC 00



1982 05 03078 09/14/2017 7141

**RETURN POLICY DEFINITIONS**

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	12/13/2017

THE HOME DEPOT RESERVES THE RIGHT TO  
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DE \$5,000!**

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encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

**User ID:  
H89 8427 6450**

**Password:  
17464 6445**

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.

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:** MAC**Date:** 10/13/2017

Description	GL Number	Amount
College Theater - period piece lightbulbs	01-30-12271-5401006	49.40
<b>Total Reimbursement Request:</b>		<b>\$49.40</b>

**Employee Name:** JON GANTT**Employee Signature:** Jon Gantt**Dept. Authorized Signer Name:** Ellen McGowan**Authorized Signature:** Ellen McGowan

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_



College of DuPage

FY18

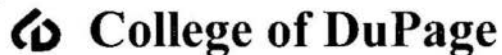
# Petty Cash

(See Instructions on Reverse Side)

DEPARTMENT <u>College Theater - Shininglives</u>			DATE <u>10/3/17</u>	
EXPENSE <u>Period piece</u>	AGENCY <u>0130</u>	ORG/SUB <u>1227</u>	OBJ/SUB <u>5401006</u>	AMOUNT <u>49.40</u>
EXPENSE <u>light bulbs</u>	AGENCY	ORG/SUB	OBJ/SUB	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB	
PLEASE ATTACH ALL RECEIPTS. <u>75 Set Construction</u> <u>CT 18 - SHINING</u>			TOTAL	<u>49.40</u>
EMPLOYEE NAME <u>Jon GATT</u>	AUTHORIZED SIGNATURE <u>Ellen McHowan</u>		FUNDS RECEIVED <u>Jm Cowd</u>	

## INSTRUCTIONS

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## 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: MAC

Date: 10/14/2017

Description	GL Number	Amount
College Theater - lighting sockets	01-30-12271-5401006	49.26
Total Reimbursement Request:		\$49.26

Employee Name: JON GANTT

Employee Signature: Jon Gantt

Dept. Authorized Signer Name: Ellen McGowan

Authorized Signature: Ellen McGowan

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_

# College of DuPage *F418* Petty Cash

(See Instructions on Reverse Side)

DEPARTMENT <i>CT - Shining lives</i>				DATE <i>10/4/17</i>	
EXPENSE <i>Lighting</i>	AGENCY <i>0130</i>	ORG/SUB <i>12271</i>	OBJ/SUB <i>5401006</i>	AMOUNT <i>45.68</i>	
EXPENSE <i>Sockets</i>	AGENCY	ORG/SUB	OBJ/SUB	<i>3.58</i>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
PLEASE ATTACH ALL RECEIPTS. <i>75 Set Construction</i>				TOTAL <i>49.26</i>	
EMPLOYEE NAME <i>Jon Gantt</i>		AUTHORIZED SIGNATURE <i>Ellen M. Gorman</i>		FUNDS RECEIVED <i>Jm Gantt</i>	

## **INSTRUCTIONS**

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2000 BUTTERFIELD RD.  
DOWNERS GROVE, IL 60515 (630)792-9600  
1916 00002 45399 09/19/17 11:28 AM  
CASHIER CHRISTOPHER

017801178418 60W ORIGINAL <A>  
FEIT 60W ST19 NOSTALGIC 2700K  
204.94 9.88N  
078477305003 TURN SCKT <A>  
TURN KNOB SOCKET LAMP HOLDER  
10@3.58 35.80N

SUBTOTAL 45.68  
SALES TAX 0.00  
TAX EXEMPT  
TOTAL \$45.68  
XXXXXXXXXXXX8586 MASTERCARD USD\$ 45.68  
AUTH CODE 42994P/1020053 TA  
Chip Read  
AID A0000000041010 MasterCard  
TVR 0000008000  
IAD 0110607003220000CBDD000000000000FF  
TSI E800  
ARC 00



1916 02 45399 09/19/2017 7268

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 12/18/2017  
THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

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REGALO DE THD  
DE \$5,000!

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encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID:  
H89 93003 91089

Password:  
17469 91087

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.





More saving  
More doing.

2000 BUTTERFIELD RD  
DOWNERS GROVE, IL 60515 (630) 92-9600

1916 00002 45407 09/19/17 11:30 AM  
CASHIER CHRISTOPHER

078477305003 TURN SCKT <A> 3.58  
TURN KNOB SOCKET LAMP HOLDER

SUBTOTAL 3.58  
SALES TAX 0.29  
TOTAL \$3.87

XXXXXXXXXXXX8586 MASTERCARD USD\$ 3.87  
TA

AUTH CODE 82665P/102005-1  
Chip Read  
ATD A0000000041010 MasterCard  
TVR 0000008000  
IAD 0110607003220000A1FC000000000000FF  
TSI E800  
ARC 00



1916 02 45407 09/19/2017 7268

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 12/18/2017  
THE HOME DEPOT RESERVES THE RIGHT TO  
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DETAILS.

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UNA TARJETA DE  
REGALO DE THD  
DE \$5,000!

Comparta Su Opinión: complete la breve  
encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID:  
H89 93019 91105

Password:  
17469 91103

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website. No purchase necessary.

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**Department:** MAC**Date:** 02/03/2018

Description	GL Number	Amount
Scene Shop General - paint & drawing supplies	01-30-12271-5401006	30.10
<b>Total Reimbursement Request:</b>		<b>\$ 30.10</b>

**Employee Name:** JON GANTT**Employee Signature:** **Dept. Authorized Signer Name:** Ellen McGowan**Authorized Signature:** 

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_



College of DuPage

Fy18

## Petty Cash

(See Instructions on Reverse Side)

DEPARTMENT <u>College Theatre</u>				DATE <u>2-13-18</u>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB	AMOUNT	
<u>paint +</u>	<u>013012271</u>	<u>5401004</u>		<u>30.10</u>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
<u>drawing</u>					
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
<u>supplies</u>					
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
PLEASE ATTACH ALL RECEIPTS. <u>74 Scene Shop General</u>				TOTAL	
<u>EDS - 25011111111111111111</u>				<u>30.10</u>	
EMPLOYEE NAME	AUTHORIZED SIGNATURE		FUNDS RECEIVED		
<u>Jon Garitt</u>	<u>Ellen McV...</u>		<u>Jon Garitt</u>		

## **INSTRUCTIONS**

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\*\*\*\*\*  
Blick Art Materials

79 Danada Square East

630-653-0569

\*\*\*\*\*  
Purchase Order: jon gantt  
=====

QTY	LIST	EVERYDAY	DISC OFF LIST	EXT. PRICE
=====				
111008	BLICK PREM TEMPERA UHT 640Z			
1@	\$19.98	\$15.99	\$-3.99	\$15.99H
118045	BLICK PREM TEMP BT SIENNA 80Z			
1@	\$5.08	\$4.06	\$-1.02	\$4.06H
119005	BLICK PREM TEMPERA GOLD 80Z			
1@	\$7.48	\$5.99	\$-1.49	\$5.99H
118005	BLICK PREM TEMPERA BRN 80Z			
1@	\$5.08	\$4.06	\$-1.02	\$4.06H
				-----
Final Sub Total				\$30.10
SALES TAX @ 0.0000				\$0.00

Total \$30.10

MasterCard

\$30.10

Acct#: \*\*\*\*\*8586

Auth#: 57196P

Swiped:Y

Trans Type:PURCHASE

\*\*\*\* Tax Exempt \*\*\*\*

E9997-3391-0

COLLEGE OF DUPAGE,

425 FAVELL BLVD,

GLEN ELLYN

IL 60137-6599

Customer:

Sign X.....

Sales Associate: 7172

=====

Trx 2020 Str2273 Reg002 1/21/18 13:35



\* E N H I A C C Z S A D J L \*

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: MACDate: 03/08/2018

Description	GL Number	Amount
Scene Shop General - light bulbs	01-30-12271-5401006	26.73
Total Reimbursement Request:		\$26.73

Employee Name: JON GANTTEmployee Signature: Jon GanttDept. Authorized Signer Name: Ellen McGowanAuthorized Signature: Ellen McGowan

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_



College of DuPage

4/18

## Petty Cash

(See Instructions on Reverse Side)

DEPARTMENT <u>Lighting-Theater</u>				DATE <u>3/8/18</u>	
EXPENSE <u>lightbulbs</u>	AGENCY	ORG/SUB	OBJ/SUB	AMOUNT <u>26.73</u>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
PLEASE ATTACH ALL RECEIPTS. <u>0130122715401006</u>				TOTAL <u>26.73</u>	
EMPLOYEE NAME <u>Jon Grant</u>				AUTHORIZED SIGNATURE <u>Eileen M. Roman</u>	
				FUNDS RECEIVED <u>Jim Cant</u>	

## **INSTRUCTIONS**

A petty cash fund is maintained by the Cashier-Finance Office for emergency cash expenditures of less than \$100 total per occurrence. Forms, available from the cashier, must be properly completed and approved by an authorized signator. Original receipts must be available to support the expenditure. Charges will be allocated to the College or department, as appropriate. No advances or reimbursements for travel are allowed through petty cash. Petty cash expenditures must be submitted within 30 days of their occurrence. No OBJ/SUB in the 5000 series will be accepted.





More saving.  
More doing.™

2000 BUTTERFIELD RD.  
DOWNER, IL 60515 (630)792-9600

1916 01 21996 02/25/18 10:39 AM  
CASHIER ADAM

046135110857 SYL40WFLM2P <A>  
SYL 40W FLMTIP AURA INCAN 2PK  
9@2.97 26.73N

SUBTOTAL 26.73  
SALES TAX 0.00

TAX EXEMPT TOTAL \$26.73

XXXXXXXXXXXX8586 MASTERCARD USD\$ 26.73

AUTH CODE 33709P/2014804  
Chip Read  
AID A0000000041010 MasterCard  
TVR 0000008000  
IAD 01106070032200008BB80000000000000FF  
TSI E800  
ARC 00



1916 01 21996 02/25/2018 3761

RETURN POLICY DEFINITION:  
POLICY ID 1 DAYS 90 POLICY EXPIRATION DATE 05/26/2018  
A THE HOME DEPOT RESERVES THE RIGHT TO  
LIMIT / DENY RETURNS. PLEASE SEE THE  
RETURN POLICY SIGN IN STORES FOR  
DETAILS.

BUY ONLINE PICK-UP IN STORE  
AVAILABLE NOW ON HOMEDEPOT.COM.  
CONVENIENT, EASY AND MOST ORDERS  
READY IN LESS THAN 2 HOURS!

\*\*\*\*\*

ENTER FOR A CHANCE  
TO WIN A \$5,000  
HOME DEPOT GIFT CARD!

Tell us about your store visit!  
Complete our short survey and  
enter for a chance to win at:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

PARTICIPE EN UNA  
OPORTUNIDAD DE GANAR  
UNA TARJETA DE  
REGALO DE THD  
DE \$5,000!

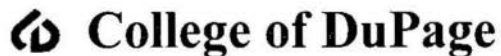
Comparta su opinion! Complete la breve  
encuesta sobre su visita a la tienda y  
tenga la oportunidad de ganar en:

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID:  
H89 46197 44282

1 3 44281

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.



fy18

## 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: MAC

Date: 03/08/2018

Description	GL Number	Amount
Scene Shop General - paint	01-30-12271-5401006	17.94
Total Reimbursement Request:		\$ 17.94

Employee Name: JON GANTT

Employee Signature: Jon Gantt

Dept. Authorized Signer Name: Ellen McGowan

Authorized Signature: Ellen McGowan

Cashier's Office Use Only

Date Received: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Request Approved By: \_\_\_\_\_

Funds Received By: \_\_\_\_\_

DEPARTMENT <i>General Shop</i>				DATE <i>3/8/18</i>	
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB	AMOUNT	
<i>Paint</i>	<i>0130</i>	<i>12271</i>	<i>5401006</i>	<i>17</i>	<i>94</i>
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
EXPENSE	AGENCY	ORG/SUB	OBJ/SUB		
PLEASE ATTACH ALL RECEIPTS. <i>74 Scene Shop General</i>				TOTAL <i>17.94</i>	
EMPLOYEE NAME <i>Jon Gantt</i>		AUTHORIZED SIGNATURE <i>Ellen M. Gowan</i>		FUNDS RECEIVED <i>Jim G. G.</i>	

## INSTRUCTIONS

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**buikema's ACE.**  
A DIVISION OF **Westlake Hardware**

Store #126  
90 East Loop Road  
Wheaton, IL 60189  
Phone (630) 690-0336

Jenn T  
Normal Sale

C+K INT PP1 FLT-NEUT	26.99
082901257387 (1463066)	
15% C+K Paint	4.05-
SUBTOTAL	22.94
TAX 8%	1.94
TOTAL	24.38
Westlake Coupon	-5.00
3 Will not Scan	
MASTERCARD xxxxxxxxxxxx8586	19.38
84019P	-1.44 tax
CTROUTD: 01.5	17.94
Result: RED	
Card entry mode: Chip Read	
AID: A0000000041010	
MasterCard	
ARC:	

DISCOUNTS BEFORE TOTAL: \$4.05

Thank you for shopping at Westlake  
ACE Hardware



0012600100178022118

0126 001 82 0178 02/21/18 12:09:32

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
\$5 OFF \$25 PURCHASE  
SHARE YOUR FEEDBACK WITHIN 3 DAYS  
WWW.TALKTOWESTLAKE.COM  
OR CALL 1.866.218.4112  
ENTER YOUR VALIDATION CODE HERE:  
-----

LIMIT 1 SURVEY PER HOUSEHOLD PER MONTH  
SURVEY CODE:

10212117870026