

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1554146

Vendor Name: Margaret Kansa

Invoice Number: SS18KANSA

Invoice Date: 06/28/18

PO Number:

Check Number: 0237996

Check Amount: \$ 64.00

Check Date: 08/15/2018

Department ID: 11601

Reviewer Name:

Voucher Number: V0519063

Redaction Type: None

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

Document Below

Fy 18

Bethany

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: 6/28/2019
Vendor ID: 1554146

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
SS18KANSA		05	60	11601	2900005	Art Center Deposit Liability	\$ 64.00

Grand Total \$ 64.00

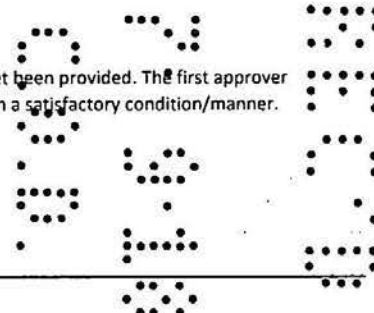
AP VERIFIED

07/11/18 - 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: Margaret Kansa

Other Instructions: _____

Payee Address: 521 South Highland Avenue
Lombard, IL 60148

Description on Check:

Refund, School Stage 13 Story Treehouse February 6, 2018 SS18_TREE

Approvals:

Prepared By: Ellen McGowan
Signature: *Ellen McGowan*
Payment Due: 7/12/2018
Board Approved Date: _____

Approved By: Ellen McGowan Date: _____
Signature: *Ellen McGowan* Date: 7/2/18
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

Vendor ? 1554146

SS 18 KANZA

INVOICE # 020618-MK

Remit to: Margaret Kanza
521 South Highland Ave
Lombard, IL 60148

Bill to: McAninch Arts Center
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

School Stage Ticket Refund

Amount: \$64 (8 tickets @ \$8 each)

Show: 13th Story Treehouse

Performance date: Feb. 6, 2018

Time: 11:30 am performance

TOTAL DUE:

\$64.00

Sarther, Jane

From: mckansa@gmail.com
Sent: Tuesday, February 06, 2018 8:31 AM
To: Sarther, Jane; kymberlie@stefanskis.net
Subject: Can't make today's performance

Hi-I bought 8 tickets to today's show under the west suburban homeschool group and unfortunately it doesn't look like we can make it on this snowy day.

Can I please request a refund?

Thank you, Margaret kansa

Sent from my iPhone