

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1452336

Vendor Name: SKILLS USA INC ILLINOIS

Invoice Number: FN1718229

Invoice Date: 07/11/18

PO Number:

Check Number: 0238152

Check Amount: \$ 4,180.00

Check Date: 08/15/2018

Department ID: 02638

Reviewer Name:

Voucher Number: V0521004

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

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: 6/25/2018 7-11-18
Vendor ID: 1452336

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descr.	Amount
FN1718229		06	10	02638		Travel	\$ 4,140.00
		01	20	08423	5509001	Out of State	\$ 870
					5503001		
Grand Total							\$ 4,140.00

\$1,000 and Greater Approval of Division Vice President Required

Check the appropriate box below:

☒ 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: Skills USA

Other
Instructions:

Payee Address: PO BOX 1029 Pekin, IL 61555

Description on Check:

College of DuPage NLSC Registration Costs for 1 faculty + 3 students. (6/25/18 - 6/29/18)

Approvals:

Prepared By: Jonita Ellis / Anna
Signature: Jonita Ellis
Payment Due: 7-16-18
Board Approved Date: _____

Approved By: [Signature] Date: 7-16-18
Approved By: Lisa Stock, AVPAA Date: 7-16-18
Signature: Lisa Stock Date: 7-16-18
Approved By Division VP: Kirk Overstreet, AVP Date: 7-16-18
Signature: [Signature] Date: 7-16-18

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

JB



SkillsUSA Illinois, Inc.
P.O. Box 1029
Pekin, IL 61555-1029
Phone: 309-267-9012 | Fax 866-208-7274
skillsusaillinois.org | ehill@skillsusaillinois.org

Bill To:	
Name:	College of DuPage
Address:	
City, State, & Zip:	

Paid to:	
Name:	SkillsUSA Illinois
Address:	P.O. Box 1029
City, State, & Zip:	Pekin, IL 61555-1029

Invoice Information:	
Invoice No:	IN1718229
Invoice Date:	7/9/2018
Customer Order No:	
Date Paid:	
Date Deposited:	
Salesperson:	
Terms Net 30 Days	

Order Number	Description	# of Units	Unit Price	Amount
	NLSC Student Registration	3	\$ 220.00	\$ 660.00
	NLSC Advisor Registration	1	220.00	220.00
	NLSC Hotel – Adult Double	2	650.00	1,300.00
	NLSC Hotel – Adult Single	2	1,000.00	2,000.00
			Total:	\$4,180.00