

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0442566

Vendor Name: Ms Lori A. Swanson

Invoice Number: 060118 REIMBURS

Invoice Date: 07/03/18

PO Number:

Check Number: 0238173

Check Amount: \$ 47.48

Check Date: 08/15/2018

Department ID: 99470

Reviewer Name:

Voucher Number: V0521196

Redaction Type: FERPA

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 purchase order is not appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 29-1

Date: 7/3/2018  
Vendor ID: \_\_\_\_\_

**AP VERIFIED**  
**07/23/18 - ROBERT MAREK**

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99470	2900099	Funds Held in Custody of Othr	\$ 47.48

Grand Total \$ 47.48

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: \_\_\_\_\_

Other  
Instructions: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Description on Check:

Reimbursement for refreshment products used for Lex induction ceremony on 6/1/18.

Approvals:

Prepared By: Sandra Gonzales

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Due: 7/12/2018

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

Board Approved Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved By Division VP: \_\_\_\_\_

Signature: \_\_\_\_\_

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

1/3/18

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

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

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

See back of receipt for your chance  
to win \$1000 ID #:7H3FCYN0J6C

**Walmart** \*

630-545-1060 Mgr:JEANNINE DINGHAN

3 SOUTH 100 RT 53

GLEN ELLYN IL 60137

ST# 01848 OP# 007327 TE# 92 TR# 05993

DASANI 16.92 004900003165KF

7 AT 1 FOR 3.98 27.86 0

DEANS IC 004190002394KF

3 AT 1 FOR 3.78 11.34 0

DT 6NR ALE 007800014846KF

6 AT 1 FOR 1.38 8.28 0

SUBTOTAL 47.48

TOTAL 47.48

DEBIT TEND 47.48

CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY

47.48 TOTAL PURCHASE

US DEBIT- 3846 I O REF # 815100090850

NETWORK ID. 0056 APPR CODE 307896

US DEBIT

AID 80000000980840

TC 287AC3C0F65ACAF5

\*Pin Verified

TERMINAL # SC010816

05/31/18 12:45:26

# ITEMS SOLD 16

TC# 4829 8909 8095 5522 6835



05/31/18 12:45:42

Use Walmart Pay to save your receipts.

