

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 0049736
Vendor Name: Mr Robert W. Boehnke
Invoice Number: 101518
Invoice Date: 10/15/18
PO Number:
Check Number: 0241547
Check Amount: \$ 289.15
Check Date: 10/17/2018
Department ID: 65007
Reviewer Name:
Voucher Number: V0534456
Redaction Type: Other
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 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: 10/15/2018

Vendor ID: 0049736

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		05	63	65007	5103044	Non-Teaching Assign-PT	\$ 289.15

Grand Total

\$ 289.15

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 received in 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:

To reissue [redacted] without impacting wage record (originally issued in previous calendar year)

Approvals:

Prepared By:

Megan Zale

Approved By:

D. Virgilio

Date:

Signature:

Signature:

Payment Due:

N/A

Approved By:

Date:

Board Approved Date:

N/A

Signature:

Approved By Division VP:

Date:

Signature:

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





