

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086463

Vendor Name: ILASFAA

Invoice Number: 20387

Invoice Date: 10/04/18

PO Number:

Check Number: 0241630

Check Amount: \$ 50.00

Check Date: 10/17/2018

Department ID: 00463

Reviewer Name:

Voucher Number: V0533949

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: 10/4/2018
Vendor ID: 1086463

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|-----------------|----------|
| 20387 | | 01 | 30 | 00463 | 5406002 | Dues | \$ 50.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Grand Total

\$ 50.00

AP VERIFIED

Check the appropriate box below and sign

10/10/18 - BETHANY CRUSE

- ☒ We the undersigned hereby certify that the goods/services for which payment is here 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: Kathy Bangasser, ILASFAA Treasurer
Elect Director

Other Instructions:

Payee Address: Highland Community College, 2998
W. Pearl City Rd, Freeport, IL 61032

Description on Check:

2018-2019 Membership

Approvals:

Prepared By: Jose Alferez

Approved By: Janet Pagan-Klahr

Date:

Signature: Isabel

Signature: Janet Pagan-Klahr

10/4/18

Payment Due:

Approved By: Janet Pagan-Klahr

Date:

Board Approved Date:

Signature: Janet Pagan-Klahr

10/8/18

Approved By Division VP:

Date:

Signature:

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

Membership New/Renewal Application

Date: July 10, 2018



PRINT

this page to use as your invoice.

NOTE: You will need your invoice number listed below for payment!

Payments: To pay by check, send a copy along with a check in the amount of \$50.00 payable to ILASFAA.

Mail to:

Kathy Bangasser, ILASFAA Treasurer-Elect

Director

Highland Community College

2998 W Pearl City Rd

Freeport, IL 61032

kathy.bangasser@highland.edu

Phone: (815) 599-3486 Fax: (815) 235-6130

ILASFAA is a domestic not for profit corporation, EIN: 37-1213374

NEW

INVOICE: 20387

Name: Jose Alferes

Title: Manager of Veterans Services

Institution:

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

Type of Institution: Community College

Phone: (630) 942-2444

Fax:

Email: alfereszj@cod.edu

Membership Affiliation: Voting

VolunteerInterest:

1. Veterans Advisory Committee
2. Legislative Issues
3. Governance

Region: Northern

Membership:

\$50.00 2018-2019 Membership

\$50.00 TOTAL AMOUNT DUE

July 10, 2018

REFERENCE USE ONLY

Check No: _____ Personal _____ Organization _____

Amount \$ _____ Date Received: ____/____/____

Others paid with this check: _____

Comments: _____
