

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1309460

Vendor Name: Shaw Suburban Media Group

Invoice Number: 0818131128

Invoice Date: 08/31/18

PO Number:

Check Number: 0241745

Check Amount: \$ 750.00

Check Date: 10/17/2018

Department ID: 00440

Reviewer Name:

Voucher Number: V0527749

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

**AP VERIFIED**

**10/10/18 - ROBERT MAREK**

This form may be used to request check payments only for those items for which the College has not yet purchased. It is not to be used for purchase orders. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 10/8/2018  
Vendor ID: 13094601

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
818131128		01	30	00440	5309001	Other Contractual Services Exp	\$ 750.00
Grand Total							\$ 750.00

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: Shaw Suburban Media Group  
7717 S. Route 31

Other Instructions: Make checks payable to Shaw Media

Payee Address: Crystal Lake, IL 60014

Description on Check:

Payment - For COD Student Affairs Ad

Approvals:

Prepared By:

Approved By:

Date:

Signature:

Signature:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

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

016 01

0.0334

SHAW MEDIA  
PO BOX 250  
CRYSTAL LAKE, IL 60039-0250  
(815) 459-4040

# SHAW

\*\*\*\*\*media  
Advertising Invoice and Statement

1) Billing Period 08/2018		2) Advertiser/Client Name COLLEGE OF DUPAGE	
23) Total Amount Due 750.00		3) Terms of Payment NET 30 DAYS	
21) Current Net Amount Due 750.00		22) 30 Days .00	
		60 Days .00	
		Over 90 Days .00	
4) Page Number 1	5) Billing Date 08/31/18	6) Billed Account Number 131128	7) Advertiser/Client Number 131128

8) Billed Account Name and Address COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN IL 60137		Amount Paid _____  Exp. Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acct. # _____ Signature _____	
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THANK YOU TO A VALUED CUSTOMER

Please Return Upper Portion With Payment

10) Date	11) Newspaper Reference	12) Description-Other Comments/Charges	15) SAU Size	17) Times Run	19) Gross Amount	20) Net Amount
16) Billed Units	18) Rate					
08/30/18	1561462 DOG	2018 GLEN ELLYN GUIDE SLM/SS	2X 10.12 20.24	1 0.00	750.00	750.00

TO RECEIVE YOUR STATEMENT VIA E-MAIL CONTACT US TODAY AT [billing@shawsuburban.com](mailto:billing@shawsuburban.com)

Publishers of: Northwest Herald, Daily Chronicle, Kane County Chronicle, Lake County Journal, Morris Daily Herald, Suburban Life, Republican and The Herald-News  
Statement of Account - Aging of Past Due Amounts Due date: 09/30/18

21) Current Net Amount Due	22) 30 Days	23) 60 Days	24) Over 90 Days	25) Unapplied Amount	26) Total Amount Due
750.00	0.00	0.00	0.00		750.00

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24) Invoice Number	25) Billing Period	26) Billed Account Number	27) Advertiser/Client Number	28) Advertiser/Client Name
0818131128	08/2018	131128	131128	COLLEGE OF DUPAGE