

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1515462

Vendor Name: Aleksandra Szwagulinska

Invoice Number: 092018

Invoice Date: 09/20/18

PO Number:

Check Number: 0241754

Check Amount: \$ 20.00

Check Date: 10/17/2018

Department ID: 99280

Reviewer Name:

Voucher Number: V0529250

Redaction Type: FERPA

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

Document Below

AP VERIFIED
09/27/18 - ROBERT MAREK

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: 9/20/2018

Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99280	2900099	Funds Held in Custody of Othr	\$ 20.00
Grand Total							\$ 20.00

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:

Payee Address:

Other
Instructions:

Description on Check:

Pizza for off campus AIGA club meeting at member's house.

Approvals:

Prepared By:

Sandra Gonzales

Signature:

Payment Due:

Board Approved Date:

Approved By:

Chuck Steele

Date: 9/21/18

Signature:

Approved By:

Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

Office Use Only
 Date Received: 9/18/18
 Staff Initials: SM
 Put in Shannon's mailbox

Reimbursement Request Form

For Student Club Officers Only

ADVISOR REIMBURSEMENTS ONLY

PLEASE DO NOT USE THIS FORM TO SUBMIT A REIMBURSEMENT—All reimbursements must be submitted on Concur and receipts may be emailed to Shannon Hernandez at hernan@cod.edu.

- For *first-time reimbursements*, please contact Shannon for procedures on submitting and allocating expenses in Concur.

STUDENT REIMBURSEMENTS ONLY

In order to request a reimbursement, please note the following:

- COMPLETE THE FORM BELOW.
- ORIGINAL RECEIPT(s) must be submitted
- If there is tax included in the receipt(s), you will not be reimbursed for the tax.
 - Please pick up a tax exempt letter at the front desk for future purchases
- Advisor must approve the reimbursement below or email their approval to hernan@cod.edu
- You will receive a confirmation email informing you when your check will be mailed.

Contact Information

Today's Date: 09.17.18

Club Name: AIGA COD

Student Name:

Student ID #:

Email Address:

Address:

City:

Reimbursement Information

Date of Receipt: 09.06.18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$20.00 purchase) (tax is not reimbursed)

Reason for Purchase: AIGA CLUB FIRST MEETING

Is this food for a meeting?

☒

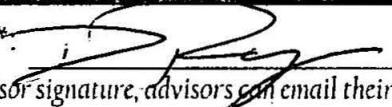
Yes

*If yes, please attach a list of attendees

☐

No

Advisor Approval

Advisor Signature*: 

In lieu of an advisor signature, advisors can email their approval to hernan@cod.edu



AIGA First Meeting Assistance List

**student grou
for design**

	Name	Last Name	Email
1			
2			
3			
4			
5			
6			
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8			
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11			
12			
13			
14			
15			
16			
17			
18			
19			

Little Caesars

545 W. Roosevelt Rd., Glen Ellyn IL 60137
Phone (630) 790-8483, Store ID 03261-00003

Phone: (630)790-8483

Order #329 **243**

Thu, Sep 6, 2018 02:05pm

Your Cashier Today is Ananda B.

Item	Price
Classic Pepperoni	\$5.00
Classic Cheese	\$5.00
Classic Cheese	\$5.00
Classic Italian Sausage	\$5.00

Item Count	
Sales	\$1.65
Taxable Subtotal	\$20.00
Tax Total	\$1.65
Total	\$21.65

Credit/Charge Card 1969	\$21.65
Auth 597052	045365

TAG_50: Application Label VISA DEBIT
CARD_ENTRY_MODE: Transaction Data Source Chip Read
CVN: Verification Mode NONE
TAG_82: Application Interchange Profile 1800
TAG_95: Terminal Verification Results 8080108000
TAG_9B: Transaction Status Info 6800
TAG_84: Dedicated File Name A0000000031010
TAG_9F10: Issuer Application Data 06010A03608000
TAG_8A: Application Response Code 00
MODE: EMV Mode ISSUER