

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1564251

Vendor Name: D/B/A Kaz Art & Design LLC

Invoice Number: 3613

Invoice Date: 10/11/18

PO Number:

Check Number: E0069912

Check Amount: \$ 2,438.00

Check Date: 10/24/2018

Department ID: 99686

Reviewer Name:

Voucher Number: V0540181

Redaction Type: None

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

Document Below

From: gonzales33929@cod.edu
Sent: Mon Oct 22 09:22:06 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Student Life Check Request for Processing

Good Morning,

Attached please find a completed Check Request Form and supporting documentation for your review. Please let me know if you have any questions.

Have a great week.

Sandra Gonzales

Administrative Assistant

Office of Student Life

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.2739 | SSC 1217

Learner, Intellection, Achiever, Input, Responsibility

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: 10/18/2018
Vendor ID: 1564251

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99686	2900099	Funds Held in Custody of Othr	\$ 2,438.00

Grand Total

\$ 2,438.00

AP VERIFIED

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

10/23/18 - BETHANY CRUSE

☒ 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.

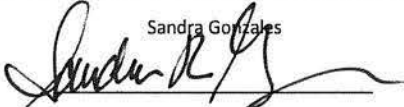
Payee Name: Kaz Art & Design

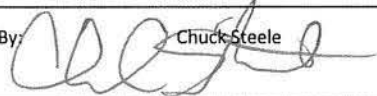
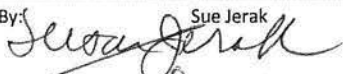
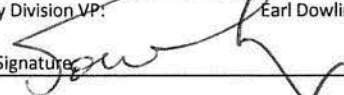
Other
Instructions:Payee Address: 754 Sand Creek Drive Carol Stream, IL
60188

Description on Check:

Student Nurses Association hoodies and tee shirts.

Approvals:

Prepared By: Sandra Gonzales
Signature: 
Payment Due: _____
Board Approved Date: _____

Approved By: Chuck Steele Date: 10/18/18
Signature: 
Approved By: Sue Jerak Date: 10-19-18
Signature: 
Approved By Division VP: Earl Dowling Date: 10/19/18
Signature: 

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

Oct 11, 2018
3613 NURSING (SNA) Hoodies, Long sleeve
Tees
Invoice # 3613



754 Sand Creek Drive
Carol Stream IL 60188
847.791.3916

Billed To
Student Nurses Association

Invoice

\$2,438.00

due by Oct 18, 2018

COD Nursing Pullover Hoodies, Long sleeve and short sleeve shirt

Item	Quantity	Price per pc.	Subtotal
COD Nursing Hoodies with 1C printing	56	\$28.00	\$1,568.00
COD Nursing LongSleeve Tee w 1C printing	57	\$15.00	\$855.00
COD Nursing Short Sleeve Tee w/1C printing	1	\$15.00	\$15.00

Subtotal	\$2,438.00
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Total due by Oct 18, 2018	\$2,438.00
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Please make checks payable to Kaz Art & Design. THANK YOU!