

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188426

Vendor Name: Village of Glen Ellyn, Illinois

Invoice Number: SEP 2018 HOTEL TAX

Invoice Date: 10/16/18

PO Number:

Check Number: E0069964

Check Amount: \$ 378.60

Check Date: 10/24/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0539974

Redaction Type: None

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: 10/16/2018
 Vendor ID: 1188426

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
September 2018 Village Hotel Tax		01	00	00000	2900012	Hotel/Motel Tax	\$ 378.60
<div style="border: 2px solid blue; padding: 10px; text-align: center;"> AP VERIFIED 10/23/18 - ROBERT MAREK </div>							
							\$ 378.60

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: Village of Glen Ellyn

Other Instructions: _____

Payee Address: 535 Duane Street
Glen Ellyn, IL 60137

Description on Check:

Payment of September 2018 Village of Glen Ellyn Hotel Taxes.

Approvals:

Prepared By: Kevin Hickey

Approved By: [Signature] Date: 10/17/18

Signature: [Signature]

Signature: [Signature]

Payment Due: _____

Approved By: _____ Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division VP: _____ Date: _____

Signature: _____

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

Monthly Hotel and Motel Tax Return
Due Village of Glen Ellyn



Month and Year September 2018

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$7,572

Rate 5%

Amount of Tax \$378.60

Signature Jamie Frederic

Title Hotel Manager Date 10/1/18

Make checks payable to:

Village of Glen Ellyn
535 Duane Street
Glen Ellyn, IL. 60137