

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1188209

Vendor Name: College of Dupage Foundation

Invoice Number: 102318

Invoice Date: 10/23/18

PO Number:

Check Number: 0244464

Check Amount: \$ 4,505.00

Check Date: 11/14/2018

Department ID: 11201

Reviewer Name:

Voucher Number: V0540990

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: 10/23/2018
Vendor ID: 1188209

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		05	60	11201	2900005	Art Center Deposit Liability	\$ 4,505.00

Grand Total

\$ 4,505.00

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

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: College of DuPage FoundationOther
Instructions:

Please hold check for pickup by
Ellen McGowan (x3009).

Need by: 11/01/18 Thank you!

Payee Address: 425 Fawell Blvd. Glen Ellyn, IL

Description on Check:

Transfer donations received in the MAC Box Office to the COD Foundation

Approvals:

Prepared By: Jennifer Berosek

Approved By:

Date:

Signature: Jennifer BerosekSignature: Ellen McGowanDate: 10/29/18

Payment Due: _____

Approved By:

Date:

Board Approved Date: _____

Signature: [Signature]Date: 10/31/18

Approved By Division VP:

Date:

Signature: _____

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

017 77

0.034

[illegible]

1188209

11/14/2018

0244464

102318

V0540990

Transfer donations rec'd.

0560112012900005

4,505.00



Ellen McGowan
11/16/18

4,505.00

0244464

PAY ONLY FOUR THOUSAND FIVE HUNDRED FIVE AND 00/100 DOLLARS

11/14/2018

\$*****4,505.00

College of Dupage Foundation
425 Fawell Blvd.
Glen Ellyn IL 60137