

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0811871

Vendor Name: Ms Nahed I. Hammouda

Invoice Number: 100518

Invoice Date: 10/05/18

PO Number:

Check Number: 0244527

Check Amount: \$ 48.75

Check Date: 11/14/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0541895

Redaction Type: FERPA

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

Document Below

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From: williamsona@cod.edu  
Sent: Mon Oct 08 13:21:37 CDT 2018  
To: williamsona@cod.edu, invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Printer  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: machine location not set Device Name:  
Printer-285

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

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: 10/5/2018  
Vendor ID: [REDACTED]

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descip.	Amount
	01-10-00153-450301			Dental Hygiene			\$ 48.75
Grand Total							\$ 48.75

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:

Other  
Instructions:

Payee Address:

Description on Check:

Refund for services from Dental Hygiene on 2/21/18.

Approvals:

Prepared By:

Amy Williamson

Approved By:

Marianne Hunnicutt

Date:

Signature:

Amy G. Williamson

Signature:

Marianne Hunnicutt

10/5/18

Payment Due:

Approved By:

Kirk Quinn

Date:

10/5/18

Board Approved Date:

Approved By Division VP:

Date:

Signature:

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

## ACCOUNT HISTORY REPORT

FOR

From Feb 20, 2018 To Mar 1, 2018

COPY

## Account Aging

Current:	\$0.00
30 Days:	\$0.00
60 Days:	\$0.00
90 Days:	\$0.00
Contract:	\$0.00
Balance Due:	\$0.00
Estimated Insurance:	\$0.00
<b>Balance Due Now:</b>	<b>\$0.00</b>

Date	Name	Provider	Type	Description	Debit	Credit	Balance
>>>>>>> Sum of all account activity prior to 2/20/2018							\$0.00
2/21/2018		AQU	Service	01110 Propy - Adult	\$35.00		\$35.00
2/21/2018		AQU	Service	00210 FMX - IntraOral, Complete	\$30.00		\$65.00
2/21/2018		AQU	Service	0039 Geriatric 65 yrs.>	\$0.00		\$65.00
2/21/2018		AQU	Service	0041 Medically Compromised	\$0.00		\$65.00
2/21/2018		AQU	Service	0049 Treatment Incomplete	\$0.00		\$65.00
2/21/2018		AQU	Service	0044 Bleeding Index/Maintenance	\$0.00		\$65.00
2/21/2018		AQU	Service	0045 Plaque Index <50%	\$0.00		\$65.00
2/21/2018			Acct Pmt	Check: Number		\$48.75	\$16.25
2/21/2018			Credit Adj	SENIOR DISCOUNT		\$16.25	\$0.00
>>>>>>> Sum of all account activity after 3/1/2018							\$0.00
					\$65.00	\$65.00	\$0.00