

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1402198

Vendor Name: Kimberly Mancilla

Invoice Number: 110718

Invoice Date: 11/07/18

PO Number:

Check Number: 0244590

Check Amount: \$ 45.89

Check Date: 11/14/2018

Department ID: 12781

Reviewer Name:

Voucher Number: V0542015

Redaction Type: FERPA

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

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Wed Nov 07 13:05:26 CST 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check Request Form-Student Life  
-----

**From:** Accounts Payable  
**Sent:** Wednesday, November 7, 2018 12:36 PM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** FW: Check Request Form-Student Life

**From:** Gonzales, Sandra  
**Sent:** Wednesday, November 7, 2018 11:28 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Check Request Form-Student Life

Good Afternoon,

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

***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: 11/7/2018

Vendor ID: \_\_\_\_\_

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	30	12781	5501001	Conference/Meeting Exp- Local	\$ 45.89

**AP VERIFIED**

Grand Total

\$ 45.89

**11/09/18 - BETHANY CRUSE**

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: \_\_\_\_\_

Supplies for S.C.A.R.C.E. event.

**Approvals:**

Prepared By: \_\_\_\_\_

Sandra Gonzales

Approved By: \_\_\_\_\_

Chuck Steele

Date: 11/07/18

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](mailto:acctpay@cod.edu)

Office Use Only

Date Received: 11/6/18

Staff Initials: JE

*\*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](mailto: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](mailto:hernan@cod.edu)
- You will receive a confirmation email informing you when your check will be mailed.

### Contact Information

Today's Date: 11/6/2018

Club Name: SLC

Student Name:

Student ID #:

Email Address:

Address:

City:

### Reimbursement Information

Date of Receipt: 10/23/18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$ 45.89 purchase) (tax is not reimbursed)

Reason for Purchase: S.C.A.R.C.E. Event

Is this food for a meeting?

☐ Yes

\*If yes, please attach a list of attendees

☒ No

### Advisor Approval

Advisor Signature\*: Steph Roll

*\*In lieu of an advisor signature, advisors can email their approval to [hernan@cod.edu](mailto:hernan@cod.edu)\**



Store 3340 Dir Raymond R Johnson  
Main:(630) 858-9096 Rx:(630) 790-2294  
599 E Roosevelt Road  
Glen Ellyn IL 60137

# GROCERY

L/S 5FLVR 30CT		2.50 B
Regular Price	3.49	
Sale Savings	0.99-	
SKT SWEET HEAT		2.50 B
Regular Price	3.49	
Sale Savings	0.99-	
STARBURST 10.58Z		2.50 B
Regular Price	3.49	
Sale Savings	0.99-	
STARBST FS DRC10		2.50 B
Regular Price	3.49	
Sale Savings	0.99-	
2 QTY HSY MC SS1		5.98 B
Regular Price	8.58	
Sale Savings	2.60-	
2 QTY KITKATSNKZ		5.98 B
Regular Price	8.58	
Sale Savings	2.60-	
TAKE5 SNCK 11.2Z		2.99 B
Regular Price	4.29	
Sale Savings	1.30-	
2 QTY REESE GHST		5.98 B
Regular Price	8.58	
Sale Savings	2.60-	
3MUSK F/S 10.48Z		2.99 B
Regular Price	4.29	
Sale Savings	1.30-	
2 QTY SNICKERS 1		5.98 B
Regular Price	8.58	
Sale Savings	2.60-	
M&M PNUT FNSZ HLWN		5.99 B
Regular Price	7.99	
Sale Savings	2.00-	
TAX		3.39
TAX EXEMPTION		3.39-
*** BALANCE		45.89

Debit Purchase 10/23/18 19:38  
CARD # \*\*\*\*\*6700 PRIMARY  
TOTAL TRANSACTION AMOUNT: 45.89  
CASH BACK AMOUNT: 0.00  
REF: 22001050321 AUTH: 043820

AL US DEBIT  
AID A0000000980840  
TVR 8000048000  
TSI 6800

Debit 45.89

CHANGE 0.00  
TOTAL TAX 0.00  
TOTAL NUMBER OF ITEMS SOLD = 15  
10/23/18 19:38 3340 2 469 2901

\*\*\*\*\*

Your Local  
Jewel Osco is hiring!  
Apply online today at:  
[www.Jewelosco.com](http://www.Jewelosco.com)  
Click on "Careers"

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