

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1471611

Vendor Name: Michael D. Muzik

Invoice Number: 102918

Invoice Date: 10/29/18

PO Number:

Check Number: 0244609

Check Amount: \$ 166.53

Check Date: 11/14/2018

Department ID: 99235

Reviewer Name:

Voucher Number: V0541138

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Thu Nov 01 13:27:20 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Student Life Reimbursement Request Forms

From: Gonzales, Sandra
Sent: Tuesday, October 30, 2018 9:49 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Student Life Reimbursement Request Forms

Good Morning,

Attached please find (2) Reimbursement Request Forms with supporting documents for your review. Please let me know if you have any questions.

Have a great day.

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: 10/29/2018
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	99	99325	2900099	Funds Held in Custody of Othr	\$ 166.53
Grand Total							\$ 166.53

AP VERIFIED

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.

11/02/18 - BETHANY CRUSE

Payee Name:

Other
Instructions:

Payee Address:

Description on Check:

Pizza for club meeting with industry speaker.

Approvals:

Prepared By: Sandra Gonzales
Signature:
Payment Due:

Approved By: Chuck Steele Date: 10/29/18
Signature:
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

Office Use Only

Date Received: _____

Staff Initials: _____

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.

- 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
- You will receive a confirmation email informing you when your check will be mailed.

Contact Information

Today's Date: 10-25-18

Club Name: Engineering & Technology Club

Student Name: _____

Student ID: _____

Email Address: _____

Address: _____

City: _____

Reimbursement Information

Date of Receipt: 10-17-18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$166.53 purchase) (tax is not reimbursed)

Reason for Purchase: Industry Speaker

Is this food for a meeting?

☒ Yes

*If yes, please attach a list of attendees

☐ No

Advisor Approval

Advisor Signature*: _____

In lieu of an advisor signature, advisors can email their approval to hernan@cod.edu

Ticket # 22

10/17/2018 2:49 PM SHRNA

Assigned To: LEO

*** DELIVERY ***

Del Zone : X
BIC 3H06, 40
PLATES AND
NAPKINS
Deliver at:
6:00PM

XL Deep Dish 25.00
Veggie

XL Deep Dish 50.00
BBQ Chicken

XL Deep Dish
BBQ Chicken

XL Deep Dish 37.36
Cheese
Pepperoni

XL Deep Dish
Cheese
Pepperoni

XL Deep Dish 18.68
Cheese
Italian Saus

XL Deep Dish 16.49
Cheese

Subtotal 147.53

Delivery Charge 3.00

Discount (10.00)

Sales Tax IL 11.00

Total 151.53

Tip 15.00

Visa 166.53

Balance Owning
0.00

Ticket # 22

(1710015345)

Please order again soon!



**College of DuPage
STUDENT CLUB
PIZZA WAIVER REQUEST FORM**

Name of Student Club: Engineering & Technology Today's Date: 10-11-18
Date of Event: 10-17-18 Time of Event: 6 pm Est. Attendance: 40
Name & Description of Event: Engineer Calvin Seith presents to club members about Bison Gear ~~Club~~ (Industry Speaker)

Name of Student Club Advisor: Dr. Thomas Carter

Scope of Waiver

Send this completed form by campus mail to Dining Services Catering office located in the SRC Building or fax to (630) 942-3642 at least five (5) business days prior to the event for approval. Distribution of food products acquired under this waiver shall be limited to club members or official guests only and shall not be utilized to serve the general public or sold in any manner.

Delivery of Pizza

All Student Club Pizza Waivers must include delivery to the event by the restaurant. Under no circumstances will pick up of the pizza from the restaurant be allowed. Any restaurant used must be a licensed retail business located in DuPage County.

Safe Handling of Delivered Pizza

Foodborne illness is a major concern when serving any perishable food items including pizza. Perishable foods can cause illness when mishandled. Proper handling of the food at your event is essential to ensure the food is safe to eat. The risk of bacteria growth increases with time and loss of temperature. Pizza should be kept in closed containers until it is served.

2-Hour Rule

Pizza and any other perishable foods should not sit at room temperature for more than two hours. Keep track of how long the pizza has been sitting and discard prior to 2 hours from delivery time, or 1 hour if in temperatures above 90 °F. Exceptions to this rule are non-perishable foods such as cookies, crackers, bread, and whole fruits. The Club Advisor shall monitor proper food handling in accordance with these procedures. WHEN IN DOUBT, THROW IT OUT!

Payment

A copy of the approved waiver form must be submitted with the requisition for payment. Events exceeding \$250 shall require use of the standard food waiver form. All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

***** (For Dining Services Use Only) *****

☒ Approved

[Signature]
Signature of Dining Services Manager

10/15/18
Date

☐ Denied

Signature of Student Activities Club Liaison

Date