

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1459247

Vendor Name: Allison C. Plesha

Invoice Number: 102918

Invoice Date: 10/29/18

PO Number:

Check Number: 0244647

Check Amount: \$ 28.00

Check Date: 11/14/2018

Department ID: 99235

Reviewer Name:

Voucher Number: V0541137

Redaction Type: FERPA

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

Document Below

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From: acctpay@cod.edu  
Sent: Thu Nov 01 13:27:26 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Student Life Reimbursement Request Forms  
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**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	99235	2900099	Funds Held in Custody of Othr	\$ 28.00

Grand Total \$ 28.00

**AP VERIFIED**

Check the appropriate box below and sign

☒ **11/02/18 - BETHANY CRUSE** 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:

Items for book club archive.

Approvals:

Prepared By: Sandra Gonzales  
Signature:   
Payment Due:

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

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: 10/11/18

Staff Initials: [Signature]

\*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: October 2nd, 2018

Club Name: Philosophy Club

Student Name:

Student ID #:

Email Address:

Address:

City:

### Reimbursement Information

Date of Receipt: 9/27/18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$ 28.00 purchase) (tax is not reimbursed)

Reason for Purchase: It's a book for a growing club book archive

Is this food for a meeting?

☐

Yes

\*If yes, please attach a list of attendees

☒

No

### Advisor Approval

Advisor Signature\*:

[Signature]

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

10/11/2018

# Receipt from Seminary Co-op Bookstores, Inc.

Seminary Co-op Bookstores, Inc. via Square <receipts@messaging.squareup.com>

Thu 9/27/2018 8:37 PM

Now when you shop at sellers who use Square, your receipts will be delivered automatically.  
[Not your receipt?](#)



Seminary Co-op Bookstores, Inc.



How was your experience?

Positive Negative

\$30.87

3 Escapes of Hannah Arendt	\$28.00
Purchase Subtotal	\$28.00
Sales Tax (10.25%)	\$2.87
Total	\$30.87



Seminary Co-op Bookstores, Inc.  
Last Location  
773-752-4381