

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1430805

Vendor Name: Antoinette F. Zaino

Invoice Number: 103118

Invoice Date: 10/31/18

PO Number:

Check Number: 0244725

Check Amount: \$ 10.00

Check Date: 11/14/2018

Department ID: 99379

Reviewer Name:

Voucher Number: V0541221

Redaction Type: FERPA

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

Document Below

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: 10/31/2018
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99379	2900099	Funds Held in Custody of Othr	\$ 10.00
AP VERIFIED 11/05/18 - ROBERT MAREK							
Grand Total							\$ 10.00

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:

Candy for Club a Palooza event.

Approvals:

Prepared By:

Sandra Gonzales

Approved By:

Chuck Steele

Date: 10/31/18

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

Office Use Only
Date Received: 10/30
Staff Initials: AS
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: 10/30/18

Club Name: Human Service Network Club

Reimbursement Information

Date of Receipt: 10/25/18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$ 10.00 purchase) (tax is not reimbursed)

Reason for Purchase: candy for Club a palooza

Is this food for a meeting? ☐ Yes *If yes, please attach a list of attendees

☒ No

Advisor Approval

Advisor Signature*: Julie Fyfe

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

Walgreens

#5927 324 ROOSEVELT RD
GLEN ELYN, IL 60137
630-858-2930

255 6077 0021 10/25/2018 7:53 AM

(H)STARBUCKS ORIG F/SIZE 10.58OZ
02200012314 A 2.50 SALE

1 @ 3.49 or 2/5.00
REGULAR PRICE 3.49
REWARDS SAVINGS 0.99
RETURN VALUE 2.50

(H)SKITTLES ORIG F/ON SIZE 10.72OZ
02200012316 A 2.50 SALE

1 @ 3.49 or 2/5.00
REGULAR PRICE 3.49
REWARDS SAVINGS 0.99
RETURN VALUE 2.50

LAFFY TAFFY ASSRID FLAV 12OZ
02800003360 A 2.50 SALE

1 @ 3.49 or 2/5.00
REGULAR PRICE 3.99
REWARDS SAVINGS 1.49
RETURN VALUE 2.50

(H)AIRHEADS DRC 12OZ
07309000459 A 2.50 SALE

1 @ 3.49 or 2/5.00
REGULAR PRICE 3.99
REWARDS SAVINGS 1.49
RETURN VALUE 2.50

SUBTOTAL 10.00
SALES TAX A=6.25% 0.63

TOTAL 10.63
CASH 11.00
CHANGE 0.17

BALANCE REWARDS SAVINGS 4.96

THANK YOU FOR SHOPPING AT WALGREENS

GET MORE WITH BALANCE REWARDS,
REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

RFN# 0592-7216-0774-1810-2503



Your satisfaction is very important to us. If you are not satisfied, please return your purchase for a full refund.

MEMORANDUM

To: Earl Dowling
cc: Chuck Steele

From: Shannon Hernandez *SH*

Date: July 2, 2018

Re: Non-perishable Food Purchases for Student Clubs

In College Procedure 10-190 it states that we need Cabinet approval to purchase non-perishable foods. Our student clubs regularly purchase non-perishable items for less than \$100 as this is allowed per the Food Waiver with Sodexo. Since the clubs raise their own funds this is the most affordable way for them to purchase snacks for their meetings and they do it fairly often. Therefore, I am requesting blanket approval for all of our student clubs (agency accounts 10-99-#####-2900099) to be able to purchase non-perishable foods under \$100 for their club functions for the 2018-2019 school year.

If you have any questions or would like to discuss this further please let me know.

Julie
Approve
all these
requests
9/2/11

From: acctpay@cod.edu
Sent: Thu Nov 01 13:31:17 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Check Request-Student Life

From: Gonzales, Sandra
Sent: Wednesday, October 31, 2018 3:05 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request-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.

Have a great day.

Happy Halloween!

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