

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0338912

Vendor Name: Mr Dennis J. Bartizal

Invoice Number: 040820

Invoice Date: 04/08/20

PO Number:

Check Number: 0266578

Check Amount: \$ 25.00

Check Date: 04/14/2020

Department ID: 99640

Reviewer Name:

Voucher Number: V0616946

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Thu Apr 09 11:36:27 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - Bartizel

From: Hernandez, Shannon
Sent: Thursday, April 9, 2020 10:48 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - Bartizel

Thanks!

Shannon

College of DuPage - Accounts Payable
Check Request Form
revised 11/20/19

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 - Non-Purchase Order Procedure No. 10-65

Date: 4/8/2020
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99640	2900099	Funds Held in Custody of Other	\$ 25.00
Grand Total						\$ 25.00

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 and manner. It appears to me that it is appropriate to approve this request.



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 vendor payment for CODCON due to cancellation of CODCON.

Approvals:

Prepared By: Shannon Hernandez

Approved By: Chuck Steele Date:

Signature:

Signature:

Payment Date: 4/17/2020

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

4/8/2020

RE: Refunds for Cod Con

Reply | v



Delete

Junk | v



Take Care!