

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083017
Vendor Name: Ms Ashley G. Contreras
Invoice Number: 032520
Invoice Date: 03/25/20
PO Number:
Check Number: 0266599
Check Amount: \$ 130.00
Check Date: 04/14/2020
Department ID: 99372
Reviewer Name:
Voucher Number: V0615788
Redaction Type: FERPA
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zerrudom@cod.edu
Sent: Tue Mar 31 13:01:38 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - [REDACTED]

From: Accounts Payable
Sent: Tuesday, March 31, 2020 12:25 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: FW: Check Request - [REDACTED]

Mativic,
Please handle. Email from last week.

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Friday, March 27, 2020 2:52 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request [REDACTED]

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: 3/25/2020
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrp.	Amount
	10	99	99372	2900099	Funds Held in Custody of Othr	\$ 130.00
Grand Total						\$ 130.00

AP VERIFIED

Check the box that best describes the condition of the goods/services for which payment is herein requested. 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. Consequently, payment is appropriate at this time.



03/31/20 - MARIA ZERRUDO



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:

Reimbursement for fees paid to attend annual horticulture conference due to conference being cancelled.

Approvals:

Prepared By:

Shannon Hernandez

Approved By:

Chuck Steele

Date: 3/26/20

Signature:

Shannon Hernandez

Signature:

cksteele

Date:

Payment Due:

4/17/2020

Approved By:

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

RE: Horticulture Student Refunds for National Collegiate Landscape Competition Trip out of horticulture club

Clement, Brian

Mon 3/16/2020 11:10 AM

To: Hernandez, Shannon <hernan@cod.edu>;

Cc: Bartz, Martin <bartzm@cod.edu>;

Importance: High

Hi Shannon,
The following 4 students had paid for their registration (\$130 each) for the National Collegiate Landscape Competition by check and those were deposited into the Horticulture Club Account. We need to refund each student the \$130 they paid for registration by check.

Please let me know if we need additional info etc.

Thanks
Brian

Brian Clement, Program Coordinator/Assistant Professor/Advisor
Horticulture Department
425 Fawell Blvd., TEC 1059, Glen Ellyn, IL 60137
Phone: 630-942-2526 | Fax: 630-942-3923 |
clement@cod.edu | www.cod.edu
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