

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0073539

Vendor Name: Mr Christopher M. Del Galdo

Invoice Number: 032420

Invoice Date: 03/24/20

PO Number:

Check Number: 0266603

Check Amount: \$ 2,400.00

Check Date: 04/14/2020

Department ID: 13290

Reviewer Name:

Voucher Number: V0614604

Redaction Type: FERPA

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

Document Below

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From: acctpay@cod.edu  
Sent: Wed Mar 25 10:38:19 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Refund request  
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**From:** Roberts, Ellen <roberts@cod.edu>  
**Sent:** Tuesday, March 24, 2020 5:00 PM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Cc:** Schultz, Eric <schultze399@cod.edu>  
**Subject:** FW: Refund request

Good afternoon,

Please see attached for processing and payment.

Thank you,

*Ellen*

Ellen M. Roberts  
Interim Vice President, Administrative Affairs  
**College of DuPage**  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
roberts@cod.edu  
630-942-2218

**From:** Schultz, Eric <schultze399@cod.edu>  
**Sent:** Tuesday, March 24, 2020 4:31 PM  
**To:** Roberts, Ellen <roberts@cod.edu>  
**Subject:** Refund request

Ellen, good afternoon....can you please sign and move this refund request to AP for a check request for the cancellation of Wheaton Swim, due to college cancelling events....

Thank you!

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: 3/24/2020  
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
PE2019-0923-00053	01	90	13290	4600003	Room Rental - Pool	\$ 2,400.00
Grand Total						\$ 2,400.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

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.

**AP VERIFIED**  
**03/25/20 - MARIA ZERRUDO**

Payee Name: [REDACTED]  
Payee Address: [REDACTED]

Other Instructions: This client paid the deposit with his personal credit card and is requesting payment back to him for reimbursement. He is part owner of Wheaton Swim Club

Description on Check:

Refund for Deposit for Spring Rental of Pool April - May 2020 due to CoronaVirus.

Approvals:

Prepared By: Bonny Balfanz  
Signature: Bonny Balfanz  
Payment Due: \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Approved By: APPROVED  
Signature: By Eric Schultz at 4:30 pm, Mar 24, 2020  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_  
Signature: Ellen M. Roberts  
Date: APPROVED  
By Ellen M. Roberts at 4:58 pm, Mar 24, 2020

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

College of DuPage  
P.E. Conf. & Event Services  
425 Fawell Boulevard  
Glen Ellyn, Illinois 60137-6599  
(630) 942-3319 Attn: Bonny Balfanz PE121  
FEIN # - 36-2594972

INVOICE: PE 2019-0923-00053

Wheaton Swim Club  
Attn: Bob Strube/Chris Delgado  
P.O. Box 5246  
Wheaton, IL 60189

Invoice Date: March 24, 2020

DUE DATE: Refund Due

AMOUNT DUE: (\$2,400.00)

Detach and mail with your payment.

VENDOR NAME: Wheaton Swim Club

INVOICE: PE 2019-0923-00053

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
	RENTAL -		
	April 7, 2020 thru June 5, 2020		
22	Tuesday, Thursday and Fridays at 2.25 hrs. ea.	\$146.25	\$3,217.50
2	Fridays at 2 hours each	\$130.00	\$260.00
53.5	Pool Supervision for above use	\$25.00	\$1,337.50
	Sub Total		\$4,815.00
1	Deposit Paid by Visa Credit Card 3/3/2020 by Chris Delgado	(\$2,400.00)	(\$2,400.00)
	Total Usage Cancelled due to CoronaVirus		
	Refund Due to Chris DelGaldo	Refund Due	(\$2,400.00)

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