

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1566075

Vendor Name: Yuri Flores Rivera

Invoice Number: 031520

Invoice Date: 03/15/20

PO Number:

Check Number: 0266623

Check Amount: \$ 10.76

Check Date: 04/14/2020

Department ID: 99676

Reviewer Name:

Voucher Number: V0609865

Redaction Type: None

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

Document Below

AP VERIFIED

03/24/20 - ISABEL BARRIOS

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: 3/15/2020
Vendor ID: 1566075

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99676	2900099	Funds Held in Custody of Othr	\$ 10.76

Grand Total \$ 10.76

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: [REDACTED] Other Instructions: _____

Payee Address: [REDACTED]

Description on Check: _____
Reimbursement for Student Education Association supplies.

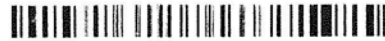
Approvals: _____

Prepared By: Shannon Hernandez Approved By: Chuck Steele Date: _____
Signature: _____ Signature: [Signature] Date: _____
Payment Due: 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



Lombard - 630-495-9560
60 Yorktown Shopping Ctr
Lombard, IL 60143-5529
02/26/2020 06:01 PM



STATIONERY & OFFICE SUPPLIES

081061672 SCISSORS T \$10.76
4 @ \$2.69 ea

SLSTOTAL \$10.76
T = IL TAX 8.00000 on \$10.76 \$0.86
TOTAL \$11.62
*4629 VISA CHARGE \$11.62
AID: A0000000031010
VISA CREDIT
AUTH CODE: 026310

REC#2-0057-1024-0173-8341-4 VCD#752-259-745

Help make your Target Run better.
Take a 2 minute survey about today's trip

informtarget.com
User ID: 7994 2897 6982
Password: 616 586

CONTENOS EN ESPA#OL

Please take this survey within 7 days

From: acctpay@cod.edu
Sent: Mon Mar 23 11:51:38 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request for Student Club - Rivera

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Friday, March 20, 2020 11:54 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request for Student Club - Rivera

Thank you!

Shannon

Shannon Hernandez
Office of Student Life