

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1369807

Vendor Name: Jake H. Kent

Invoice Number: 031520

Invoice Date: 03/15/20

PO Number:

Check Number: 0266652

Check Amount: \$ 13.99

Check Date: 04/14/2020

Department ID: 99606

Reviewer Name:

Voucher Number: V0609824

Redaction Type: FERPA

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

Document Below

From: acctpay@cod.edu
Sent: Mon Mar 23 11:52:21 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: [REDACTED]

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Friday, March 20, 2020 12:02 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Re: Check Request for Student Club - Kent

From: Hernandez, Shannon
Sent: Friday, March 20, 2020 11:59 AM
To: Accounts Payable
Subject: [REDACTED]

Thanks!

Shannon

Shannon Hernandez
Office of Student Life

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:

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99606	2900099	Funds Held in Custody of Othr	\$ 13.99

Grand Total \$ 13.99

AP VERIFIED

Check the appropriate box below and sign

03/23/20 - BETTANY CRUSE

☒ 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:

Reimbursement for off campus club get together.

Approvals:

Prepared By: Shannon Hernandez

Approved By: Chuck Steele Date: 3/16/20

Signature: Shannon Hernandez

Signature: [Signature]

Payment Due: 4/17/20

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

Little Caesars

Glen Ellyn, IL

Store ID: 03261-00002

Phone (630) 790-8483

Phone: (630)790-8483

Order #383 [REDACTED]

Tu [REDACTED]

Your Cashier Today is Priyantha K.

SALE

Item	Price
ExtraMostBestest Pepperoni	\$6.00
ExtraMostBestest Cheese	\$6.00
Crazy Bread Combo	\$3.50
Crazy Bread	
Crazy Sauce	

Item Count	4
Taxable Total	\$15.50

Sales Tax	\$1.51
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Total	\$15.50
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RESULT: CAPTURED

Authorization Code: 01366B

Approved Amount: 15.50

Application Label: VISA CREDIT

Chip Indicator: Chip Read

CVN: SIGNATURE

Sequence #001-81096-0

TVR: 0080001000

TSI: F800

AID: A0000000031010

IAD: 06010A0360A002

ARC: 00

TID: 002

Mode: issuer



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