

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1568040

Vendor Name: Phillip C. Lifka

Invoice Number: 032520

Invoice Date: 03/25/20

PO Number:

Check Number: 0266664

Check Amount: \$ 130.00

Check Date: 04/14/2020

Department ID: 99372

Reviewer Name:

Voucher Number: V0615805

Redaction Type: FERPA

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

Document Below

From: cruseb199@cod.edu
Sent: Tue Mar 31 13:11:28 CDT 2020
To: invoicing@cod.edu
CC:
Subject: [REDACTED]

From: Accounts Payable <acctpay@cod.edu>
Sent: Tuesday, March 31, 2020 12:32 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: FV [REDACTED]

Bethany,
Please process. Email from last week.

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Friday, March 27, 2020 2:54 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: [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 Descrip.	Amount
	10	99	99372	2900099	Funds Held in Custody of Othr	\$ 130.00
Grand Total						\$ 130.00

AP VERIFIED

04/01/20 - BETHANY CRUSE

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. Consent of the Accounts Payable Office is not required when the

☐ 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]
Payee Address: [REDACTED]

Other Instructions: [REDACTED]

Description on Check:

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

Approvals:

Prepared By: Shannon Hernandez
Signature: Shannon Hernandez
Payment Due: 4/17/2020
Board Approved Date: [REDACTED]

Approved By: Chuck Steele Date: 3/25/20
Signature: Chuck Steele
Approved By: [REDACTED] Date: [REDACTED]
Signature: [REDACTED]
Approved By Division VP: [REDACTED] Date: [REDACTED]
Signature: [REDACTED]

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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