

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1563708

Vendor Name: William M. Rousey

Invoice Number: 031520

Invoice Date: 03/15/20

PO Number:

Check Number: 0266705

Check Amount: \$ 10.50

Check Date: 04/14/2020

Department ID: 99280

Reviewer Name:

Voucher Number: V0609838

Redaction Type: FERPA

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

Document Below

-----  
From: acctpay@cod.edu  
Sent: Mon Mar 23 11:52:13 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check Request for Club [REDACTED]  
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**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 Club [REDACTED]

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**From:** Hernandez, Shannon  
**Sent:** Friday, March 20, 2020 11:55 AM  
**To:** Accounts Payable  
**Subject:** Check Request for Club [REDACTED]

Thanks!

Shannon

Shannon Hernandez  
Office of Student Life

# AP VERIFIED

## 03/23/20 - ISABEL BARRIOS

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: 1563708

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99280	2900099	Funds Held in Custody of Othr	\$ 10.50
Grand Total						\$ 10.50

**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: 

Payee Address: 

Other Instructions: \_\_\_\_\_

**Description on Check:**

Reimbursement for parking for club trip .

**Approvals:**

Prepared By: Shannon Hernandez Approved By: Chuck Steek 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](mailto:acctpay@cod.edu)**

SpotHero Support <support@spothero.com>

To: [REDACTED]

Sat, Feb 29, 2020 at 9:00 AM

# SPOT HERO



**Your spot is reserved. Open your parking pass for directions to your spot and to redeem your reservation.**

[Open Parking Pass](#)

**Spot:** 2 E 8th St. (777 S State St.) - Garage

**Entrance Address:** [2 East 8th Street](#)

**Rental ID #:** 31146136

**Enter After:** Sat Feb. 29, 2020 10:00 AM

**Exit Before:** Sat Feb. 29, 2020 8:00 PM

[Change date/time](#)

**Subtotal:** \$10.00

**Service Fee:** \$0.50

**Amount Charged:** \$10.50 \*

