

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1604903

Vendor Name: Craft Productions Inc

Invoice Number: PE 2019-0619-00016

Invoice Date: 03/20/20

PO Number:

Check Number: E0079767

Check Amount: \$ 3,000.00

Check Date: 04/08/2020

Department ID: 13290

Reviewer Name:

Voucher Number: V0615192

Redaction Type: None

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

Document Below

From: acctpay@cod.edu
Sent: Mon Mar 23 11:52:40 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund Craft Fair

From: Roberts, Ellen <roberts@cod.edu>
Sent: Saturday, March 21, 2020 5:38 PM
To: Accounts Payable <acctpay@cod.edu>
Cc: Schultz, Eric <schultze399@cod.edu>
Subject: FW: Refund Craft Fair

Good afternoon,

The attached is ready 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: Friday, March 20, 2020 4:31 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: Refund Craft Fair

Ellen, good afternoon. Please see attached refund from Bonny for the Craft fair that was cancelled. If you could please move forward to AP for the refund payment...

Thank you, hope you have a great weekend.....

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: 3/20/2020
Vendor ID: _____

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
PE2019-0619-00016	01	90	13290	4600002	Room Rental - Arena	\$ 3,000.00
Grand Total						\$ 3,000.00

AP VERIFIED
03/30/20 - MARIA ZERRUDO

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. **Correctly 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: Craft Productions Inc. Other Instructions: Refund due to Cancellation of their Event due to CoronaVirus.

Payee Address: 1606 W. Jefferson, Ottawa, IL 61350-2555

Description on Check:

Refund of deposit due to Cancellation of your Spring Event due to CoronaVirus.

Approvals:

Prepared By: Bonny Balfanz Signature: Bonny Balfanz Payment Due: As Soon As Possible Board Approved Date: _____

Approved By: APPROVED By Eric Schultz at 4:30 pm, Mar 20, 2020 Signature: _____ Date: _____

Approved By Division VP: APPROVED By Ellen M. Roberts at 5:36 pm, Mar 21, 2020 Signature: _____

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

College of DuPage
PE-CES Event Services
425 Fawell Blvd. Mailcode: PEC121
Glen Ellyn, Illinois 60137-6599
(630) 942-3319
FEIN # - 36-2594972

INVOICE: PE 2019-0619-00016

Craft Productions, Inc.
Attn: Mrs. Karen Yackley
1606 West Jefferson
Ottawa, IL 61350

Invoice Date: March 20, 2020

DUE DATE: Refund Due ASAP

AMOUNT DUE: \$3,000.00

Detach and mail with your payment.

VENDOR NAME: Craft Productions, Inc.

INVOICE: PE 2019-0619-00016

QUANTITY	DESCRIPTION	UNIT COST	TOTAL
			COST
	RENTAL -		
	March 28-29, 2020	\$3,000.00	\$3,000.00
	P.E. Arena		
	Deposit Received (Ck# 9169 on 9/18/2019)	(\$3,000.00)	(\$3,000.00)
	REFUND Amount DUE		\$3,000.00