

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1604904
Vendor Name: Northern Independent Soccer Le
Invoice Number: PE2019-1113-00016
Invoice Date: 03/30/20
PO Number:
Check Number: E0079782
Check Amount: \$ 3,000.00
Check Date: 04/08/2020
Department ID: 13290
Reviewer Name:
Voucher Number: V0615807
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: cruseb199@cod.edu
Sent: Tue Mar 31 13:11:56 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Good Afternoon, REFUND to process

From: Accounts Payable <acctpay@cod.edu>
Sent: Tuesday, March 31, 2020 12:41 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: FW: Good Afternoon, REFUND to process

Bethany,
Please process.

From: Roberts, Ellen <roberts@cod.edu>
Sent: Monday, March 30, 2020 7:16 PM
To: Accounts Payable <acctpay@cod.edu>
Cc: Schultz, Eric <schantze399@cod.edu>
Subject: FW: Good Afternoon, REFUND to process

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 <schantze399@cod.edu>
Sent: Monday, March 30, 2020 4:23 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: Good Afternoon, REFUND to process

Ellen, good afternoon, hope all is well..
Can you please sign and move this refund to AP for a check request.

Thank you!!

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: 3/30/2020
Vendor ID: 1604904

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
PE2019-1113-00016	01	90	13290	4600006	Field Rental - Soccer	\$1,500.00
PE2019-1113-00016	01	90	13290	4509012	Event Supervision	\$1,500.00

Grand Total

\$ 3,000.00

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. 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: NISL

Other Instructions: Refund for Cancellation of Contract due to CoronaVirus.

Payee Address: 545 S. Consumers Avenue, Palatine, IL 60074

Description on Check:

Refund for Cancellation of rental contract for March 22 thru May 31, 2020 due to CoronaVirus.

Approvals:

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

Approved By: APPROVED
Signature: By Eric Schultz at 4:21 pm, Mar 30, 2020
Date: _____
Approved By: _____
Date: _____
Signature: _____
Approved By Division VP: APPROVED
Signature: By Ellen M. Roberts at 7:14 pm, Mar 30, 2020
Date: _____

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

College of DuPage
P.E. Conf. & Event Services
425 Fawell Boulevard
Glen Ellyn, Illinois 60137-6599
(630) 942-3319 Attn: Bonny Balfanz PEC121
FEIN # - 36-2594972

INVOICE: PE2019-1113-00016

NISL - Northern Independent Soccer Leagues, Inc.
Attn: Jeff Roy
545 S. Consumers Ave.
Palatine, IL 60074
Tel: 847-788-5325

Invoice Date: March 30, 2020

DUE DATE: Refund

AMOUNT DUE: (\$3,000.00)

Detach and mail with your payment.

VENDOR NAME: NISL - Northern Independent Soccer Leagues, Inc. INVOICE: PE2019-1113-00016

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
	RENTAL -		
	March 22 thru May 31, 2020		
12	Soccer Field, Classrooms & Electric planned for these dates (as per Excel Spreadsheet)	\$263.17	\$3,158.00
12	Event Supervision for these dates	\$224.58	\$2,695.00
		Total:	\$5,853.00
	Total Event Cancelled due to Coronavirus		
1	Amount Paid Check #46563 on 2/29/2020	(\$3,000.00)	(\$3,000.00)
		Refund Due:	\$3,000.00

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