

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1190633

Vendor Name: Travelport

Invoice Number: 248200401060

Invoice Date: 04/15/20

PO Number:

Check Number: E0079979

Check Amount: \$ 100.00

Check Date: 04/29/2020

Department ID: 00109

Reviewer Name:

Voucher Number: V0618962

Redaction Type: None

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

Document Below

## Voucher Confirmation: V0618962

acctpay@cod.edu

Mon 4/20/2020 2:18 PM

Inbox

To: Burns, Paula &lt;burnsp@cod.edu&gt;;

**AP VERIFIED**  
**04/27/20 - ISABEL BARRIOS**

Voucher Number V0618962

Voucher Status In Progress (Unfinished)

Requestor Name Mrs Paula M. Burns

Voucher Date 04/20/20

Due Date 04/20/20

Vendor ID and/or Name 1190633 Travelport

AP Type IM Invoices &lt; \$15,000

Voucher Total \$100.00

## ITEM 1

Item Description Program Access - March 2020

Quantity 1.000

Price \$100.0000

Extended Price \$100.00

GL Distribution 01-10-00109-5308001

## COMMENTS

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

**Kris Fay**Digitally signed by Kris  
Fay  
Date: 2020.04.22  
19:25:37 -05'00'

APPROVAL

DATE

NEXT APPROVALS

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# Invoice



**AP VERIFIED**  
**04/27/20 - ISABEL BARRIOS**

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ANNA GAY PROGRAM SUPPORT SPECIALS  
BIC 1441  
GLEN ELLYN, IL 60137  
UNITED STATES

Invoice Number : 248200401060  
Invoice Date : 15-APR-20  
Customer Number : 0000423537  
Customer Tax Number : 36-2594972

Please direct queries to [US.Collections@travelport.com](mailto:US.Collections@travelport.com)  
Telephone no: +1 44 1793 883797

**Customer Number: 0000423537**  
**IATA: 1453748**  
**Primary PCC: 1585**

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
US

Product Description	Period	Tax %	Quantity	Amount
PRO-FILES	01-MAR-2020 to 31-MAR-2020		1	0.00 USD
SSL DA FEE	01-MAR-2020 to 31-MAR-2020		28	0.00 USD
CRS PROGRAM ACCESS	01-MAR-2020 to 31-MAR-2020		1	100.00 USD
			Total:	100.00 USD
			Customer Total:	100.00 USD

Invoice Total : **100.00 USD**  
Invoice Total Due : **100.00 USD**  
Payment Due Date : **15-MAY-20**

**Note: Please send payment quoting 0000423537/248200401060 to**

**Travelport, LP c/o Drawer CS 198537**  
**Atlanta, Georgia, 30384-8537**

\* = Taxable Item

**Kris Fay**  
Digitally signed by Kris  
Fay  
Date: 2020.04.22  
19:26:41 -05'00'

-----  
From: acctpay@cod.edu  
Sent: Thu Apr 23 17:55:52 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Travelport Invoice/Voucher  
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**From:** Burns, Paula <burnsp@cod.edu>  
**Sent:** Thursday, April 23, 2020 8:53 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Travelport Invoice/Voucher

Hello,

Please process the attached invoice and voucher for Travelport.

Thank you.

Paula