

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1606224

Vendor Name: Illinois Satsang Society

Invoice Number: 042220

Invoice Date: 04/22/20

PO Number:

Check Number: 0267854

Check Amount: \$ 496.50

Check Date: 05/12/2020

Department ID: 13290

Reviewer Name:

Voucher Number: V0621449

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

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: 4/22/2020
Vendor ID: 1606224

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
CES20190703-00017	01	90	13290	4600001	Facilities Rental	\$ 433.00
CES20200210-00040	01	90	13290	4600001	Facilities Rental	\$ 63.50

AP VERIFIED

Grand Total

\$ 496.50

04/29/20 - 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: Illinois Satsang Society
c/o Jerry Cwick

Payee Address: P.O. Box 353
Westmont, IL 60559

Other
Instructions:

Description on Check:

Refund for Half Day due to College Emergency on March 7
Refund for Annual Seminar Event/Space Rental Cancellation due to COVID 19

Approvals:

Prepared By: Jennifer Charles

Signature: *Jennifer Charles*

Payment Due:

Board Approved Date:

Approved By: **APPROVED** Date:
Signature: *By Eric Schultz at 12:06 pm, Apr 24, 2020*

Approved By: Date:
Signature: **APPROVED** Date:
Approved By Division VP: *By Ellen M. Roberts at 12:19 pm, Apr 24, 2020*

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

From: acctpay@cod.edu
Sent: Fri Apr 24 13:14:09 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund Request Form - Illinois Satsang Society

From: Roberts, Ellen <roberts@cod.edu>
Sent: Friday, April 24, 2020 12:21 PM
To: Accounts Payable <acctpay@cod.edu>
Cc: Schultz, Eric <schultze399@cod.edu>
Subject: FW: Refund Request Form - Illinois Satsang Society

Good afternoon,

The attached is ready for processing.

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, April 24, 2020 12:08 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: Refund Request Form - Illinois Satsang Society

Ellen, can you please sign and move this Check Request to AP...

Thanks much!

From: Charles, Jennifer <charlesj36@cod.edu>
Sent: Friday, April 24, 2020 12:02 PM
To: Schultz, Eric <schultze399@cod.edu>
Subject: Refund Request Form - Illinois Satsang Society

Hi Eric,

Please see attached for a Refund Request for a client who will be moving their event to July 2021.

Feel free to let me know if you have any questions.

Thanks!

Jen

Jennifer Charles
Conference and Event Specialist
College of DuPage

College of DuPage - Accounts Payable

Check Request Form

Notes:

Processing a Check Request

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

From: cruseb199@cod.edu
Sent: Mon Apr 27 13:29:02 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Illinois Satsang Society

From: Charles, Jennifer <charlesj36@cod.edu>
Sent: Monday, April 27, 2020 1:16 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: Re: Illinois Satsang Society

Hi Bethany,

Please see attached for the back up for these two contracts.

Feel free to let me know if you have any questions.

Thanks!

Jen

Jennifer Charles
Conference and Event Specialist
College of DuPage

From: Cruse, Bethany
Sent: Monday, April 27, 2020 11:55:45 AM
To: Charles, Jennifer
Subject: RE: Illinois Satsang Society

We require backup to accompany a check request. There are two invoice numbers listed on the check request so I would assume there is backup to them (i.e. receipt for event space rental?) If not, please create an invoice and send.

Bethany

From: Charles, Jennifer <charlesj36@cod.edu>
Sent: Monday, April 27, 2020 11:50 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: Re: Illinois Satsang Society

Hi Bethany,

I hope you are well.

Would you mind clarifying what invoice you are referring to? Illinois Satsang Society isn't a typical vendor as they are a client of Conference and Event Services. This is to get the group a refund on the event space rental

they deposited with us and can't use due to COVID closing the college and effectively canceling their event. I can create an invoice if needed, but it would be coming from the College. Is this what you mean?

Please advise.

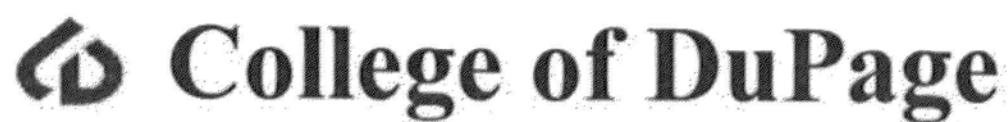
Jen

Jennifer Charles
Conference and Event Specialist
College of DuPage

From: Cruse, Bethany
Sent: Monday, April 27, 2020 11:24:13 AM
To: Charles, Jennifer
Subject: Illinois Satsang Society

Hello,
I need the invoice backup for this, please send.
Thanks

Bethany Cruse
AP Lead
College Of DuPage



Non-Accounts Receivable Deposit Form

Complete the form in its entirety, ensuring the total deposit amounts match. Submit the completed form and funds to the Cashier's Office or the Cashier's Office drop box, located on the east side of the office. The Cashier's Office will not process incorrect or incomplete forms. To receive a receipt for the deposit, make one photocopy of the completed form and submit it along with the original form and funds.

NARD Code: CONF

Total Deposit: \$ 433.00

Date: 8/15/2019

GL Number	Deposit Amount (\$)	Description
01 - 90 - 13290 - 4600001	\$ 433.00	Event Space Rental
- - - - -	\$	
- - - - -	\$	
- - - - -	\$	
- - - - -	\$	
- - - - -	\$	
- - - - -	\$	

Department: Conference and Event Services

Event: CES20190703-00017 | IL Satsang Society

Remitter: Jennifer Charles

Remitter's Extension: 3953

Breakdown of Deposit Amounts

College of DuPage

Location: MAIN
Glen Ellyn, IL

Receipt: 001725203

Date of Receipt: 08/15/19

Cashier ID: Express

Received From:

8/15/19 Event Space Rental

Rept Codes:

Conference & Events Services

Visa: 433.00

CK 2034

Total:

Total Deposit: \$ 433.00

Signature X _____

Cashier's Office Use Only

Monies Verified: _____

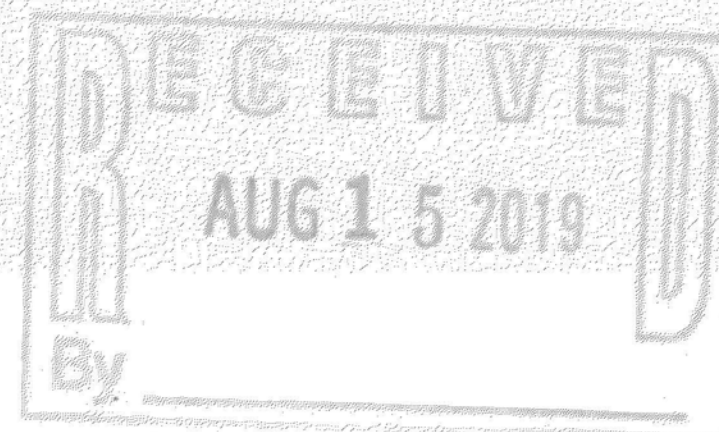
Session Number: 52102

Receipt Number: 1725203

Date Entered: 8/15/19

Cashier Name: BPS

Notes:



Updated 05.2018

(Customer Copy)

College of DuPage	INVOICE:CES20200210-00040
Conference and Event Services	
425 Fawell Blvd. BIC 1409	
Glen Ellyn, Illinois 60137-6599	
(630) 942-3950	
FEIN # - 36-2594972	
Illinois Satsang Society	Invoice Date: March 16, 2020
P.O. Box 353	
Westmont, IL 60559	
Attn: Janine Moore	
DUE DATE: May 15, 2020	AMOUNT DUE: (\$63.50)
Detach and mail with your payment.	

VENDOR NAME	College of DuPage	INVOICE:CES20200210-00040	
QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
	RENTAL -		\$350.00
	Culinary and Hospitality Center, Room 1022		
4	Two Hour Reservations (2/23 and 3/22)	\$24.00	\$96.00
2	Full Day Reservations (3/7 and 3/15)	\$127.00	\$254.00
1	Service Recovery (Half day 3/7)		\$63.50
	DINING SERVICES -		
	TECHNICAL SERVICES -		
	AV EQUIPMENT -		
	EVENT STAFFING -		
	OTHER -		
	Less Deposit Received		(\$350.00)
	Service Recovery Refund (Half day 3/7)		(\$63.50)
	BALANCE DUE		(\$63.50)

Thank you for using the services of the Conference and Event Services Office, if you have any needs in the future, we hope that you will consider us again.



COLLEGE OF DUPAGE

Conference and Event Services

425 Fawell Blvd.
Glen Ellyn, Illinois 60137-6599
www.cod.edu

630 942-3950
FAX 630 942-3955

COD CONFERENCE AND EVENTS
425 FAWELL BLVD
GLEN ELLYN, IL 60137
630-942-3950

COD CONFERENCE AND EVENTS

Date: 02/17/2020 04:27:56 PM

CREDIT CARD SALE

VISA
CARD NUMBER: *****1535 K
TOTAL AMOUNT: \$350.00
APPROVAL CD: 006891
RECORD #: 000
CLERK ID: charlesj36
INVOICE #: CES20200210-000040

Thank you!

Customer Copy