

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0660302

Vendor Name: Mr Robert F. Gillespie

Invoice Number: 8/3/2020

Invoice Date: 08/03/20

PO Number:

Check Number: 0272461

Check Amount: \$ 24.00

Check Date: 09/15/2020

Department ID: 17800

Reviewer Name:

Voucher Number: V0640127

Redaction Type: Other

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

Document Below

From: acctpay@cod.edu
Sent: Tue Aug 18 09:06:24 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund Request

From: Cousins, Matt <cousins@cod.edu>
Sent: Monday, August 17, 2020 3:18 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Fw: Refund Request

Here are 4 refund check requests from fitness members wishing to have their unused portion of their fitness memberships refunded.

Thank you for your help.

Please let me know if you need anything else from us.

Matt

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: 8/3/2020
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
NA	05	60	17800	4503001	Community Memberships - PE	\$ 24.00

Grand Total \$ 24.00

AP VERIFIED

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:

Purchased community monthly on 3/4/20 for \$35. Used 30%. Refund amount = \$24

Approvals:

Prepared By: Matt Cousins

Signature: Matthew Cousins

Payment Due:

Board Approved Date:

Approved By: Ryan Kaiser Date:

Signature: Ryan Kaiser Digitally signed by Ryan Kaiser
Date: 2020.08.12 09:24:06 -05'00'

Approved By: Dr. Diana Del Rosario Date:

Signature: Diana Del Rosario Digitally signed by Diana Del Rosario
Date: 2020.08.13 00:38:28 -05'00'

Approved By Division VP: Date:

Signature:

REVIEWED

By Melissa Doguim at 9:33 am, Aug 12, 2020

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

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.

Robert Gillespie - Payment #39697



Payment Details

Amount: \$35.00

Date: March 4, 2020

Time: 12:21 AM

Type: Automated

Method: CREDIT - VI

BILLS PAID BY THIS PAYMENT

BILL #	DUE DATE	BILL FOR	DESCRIPTION	AMOUNT
31496	March 4, 2020		Community Monthly Recurring #48760	\$35.00