

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1245838

Vendor Name: Illinois Secretary of State

Invoice Number: 090920

Invoice Date: 09/09/20

PO Number:

Check Number: 0272476

Check Amount: \$ 8.00

Check Date: 09/15/2020

Department ID: 00757

Reviewer Name:

Voucher Number: V0643827

Redaction Type: Other

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

Document Below

From: cruseb199@cod.edu
Sent: Wed Sep 09 11:14:22 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC 2130 Device Name: PRN264

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

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: 9/9/2020
Vendor ID: 1245838

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
Municipal Plate Fee	01	080	00757	5904001	Financial Charges & Adjust	\$ 8.00

Grand Total

\$ 8.00

AP VERIFIED

09/09/20 - 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 Secretary of State

Other Instructions: please give check to Ed Haskell

Payee Address: 501 S 2nd St Springfield, IL 62756

Description on Check:

Municipal plate fee for 2017 Ford Fusion

Approvals:

Prepared By: Ed Haskell

Approved By: _____ Date: _____

Signature: Ed Haskell

Signature: Bethany Cruse Date: 9/9/20

Payment Due: asap

Approved By: _____ Date: _____


Board Approved Date: _____

Signature: _____ Date: _____

Approved By Division VP: _____ Date: _____

Signature: _____

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

1. Type of Transaction(s):		2. Current Plate Number N/A	3. Plate Type Requested M PLATE (MUNICIPAL)	4. Exp. Month Year
<input type="checkbox"/> Title and Plates <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input checked="" type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Single Plate Replacement <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		Do not write in Validation Area.		
		5. OWNER / PURCHASER INFORMATION		
		First Last Middle COLLEGE OF DuPAGE		
		First Last Middle		
		Residence/Business Street Address 425 FAWELL BLVD		
		City ZIP GLEN ELLYN IL 60137		
				
		6. Owner 1 DL/FEIN # 36-2594972		
		Owner 2 DL/FEIN #		
		7. VEHICLE INFORMATION		
Vehicle Identification Number (VIN) 3FA6POSU0HR239023				
8. Purchase Date Month Day Year 5/27/20		New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	Year Make Model Body Style Color 2017 FORD FUSION BLACK
9. Current Odometer Reading (No Tenths) 40,949		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 years or older (mileage not required) Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. Mobile Home Sq. Ft. Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. over 16,000 pounds (odometer reading not required) Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire <input type="checkbox"/> # of Axles		
10. Surrender Title Number and State #		11. File Number 12. Unit Number		
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		
Name Street Address City State ZIP		Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER		
Name Street Address City State ZIP		Name Street Address City State ZIP		
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year Make/Model VIN		Name Dealer # Address		
19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		20. REASON FOR REPLACEMENT PLATES/STICKER		
State all reasons for corrections or duplication.		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
22. BENEFICIARY INFORMATION		21. WHEN REPLACING PLATES, YOU MUST CHECK ONE:		
Name Address ZIP Country		<input type="checkbox"/> I wish to be issued a random-number plate. <input type="checkbox"/> I wish to retain my current plate number.		
23. Daytime Phone Number (optional) 630-942-3487		25. AUDITOR'S USE ONLY		
24. Signature(s) Ed Haskell		TRP NUMBER Tax Form Number		
1. \$ 8		Circle All Attachments: POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Interest, Death, Note Other(s):		
2. Circle Quarter: 1st 2nd 3rd 4th				
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.				
OFFICE USE ONLY				
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:				
CUSTOMER RECEIPT				
Control #: 0875641344				
TRP #: _____ Date: _____				