

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1451626

Vendor Name: Joseph Liberatore

Invoice Number: 081320

Invoice Date: 08/13/20

PO Number:

Check Number: 0272501

Check Amount: \$ 60.00

Check Date: 09/15/2020

Department ID: 17800

Reviewer Name:

Voucher Number: V0640332

Redaction Type: FERPA

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: 8/13/2020
Vendor ID:

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
NA	05	60	17800	4503001	Community Memberships - PE	\$ 60.00

AP VERIFIED
08/21/20 - BETHANY CRUSE

Grand Total

\$ 60.00

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:

Other
Instructions:

Payee Address:

Description on Check:

Joseph Liberatore purchased a senior annual fitness membership on May 26, 2019 for \$288.00. He has 2.5 months of unused membership left. Refund amount = \$60.00

Approvals:

Prepared By: Matthew Cousins
Signature: *Matthew Cousins*
Payment Due:
Board Approved Date:

Approved By: Ryan Kaiser Date:
Signature: **Ryan Kaiser** Digitally signed by Ryan Kaiser
Date: 2020.08.17 14:30:55 -05'00'
Approved By: Dr. Diana Del Rosario Date:
Signature: **Diana Del Rosario** Digitally signed by Diana Del Rosario
Date: 2020.08.20 08:51:01 -05'00'
Approved By Division VP: Date:
Signature:

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

From: acctpay@cod.edu
Sent: Fri Aug 21 12:18:50 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund Request - Approved and Ready to be Picked Up and Removed

From: Cousins, Matt <cousins@cod.edu>
Sent: Friday, August 21, 2020 11:19 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Fw: Refund Request - Approved and Ready to be Picked Up and Removed

From: Kaiser, Ryan
Sent: Friday, August 21, 2020 11:09 AM
To: Cousins, Matt
Subject: FW: Refund Request - Approved and Ready to be Picked Up and Removed

Ryan Kaiser

Director, Athletics and Recreational Programs
College of Dupage
(630)-942-2895 *Phone*
(630)-942-3601 *Fax*



From: Doguim, Melissa <doguimm@cod.edu>
Sent: Thursday, August 20, 2020 4:15 PM
To: Kaiser, Ryan <kaiserr2964@cod.edu>
Subject: RE: Refund Request - Approved and Ready to be Picked Up and Removed

Hi, Ryan,
Your item has been approved! Please pick up your approved document [REDACTED] and remove it from this folder:
U:\HOME\SHARED\SALT Team\Signature Items - Requests for Dr. Del Rosario\Signed\Signed items for Athletics

Thank you,

Melissa Doguim
Administrative Assistant V to Dr. Diana Del Rosario,
Assistant Provost, Student Affairs
630-942-3687
PLEASE NOTE: college staff are working remotely.



For students seeking help, resources can be found at: <https://cod.edu/coronavirus/student-resources.aspx>
For information on how the College is responding to the Outbreak of COVID 19, please refer to our website:
<https://cod.edu/coronavirus/index.aspx>

From: Kaiser, Ryan <kaiserr2964@cod.edu>
Sent: Monday, August 17, 2020 2:36 PM
To: Doguim, Melissa <doguimm@cod.edu>
Subject: FW: Refund Request

Melissa,

I have placed the above refund into Dr. Del Rosario's to be signed file for this week.

U/Home/Shared/SALT Team/Signature for DDR/To be signed/Athletics

rk

Ryan Kaiser
Director, Athletics and Recreational Programs
College of Dupage
(630)-942-2895 *Phone*
(630)-942-3601 *Fax*



From: Cousins, Matt <cousins@cod.edu>
Sent: Thursday, August 13, 2020 10:34 AM
To: Kaiser, Ryan <kaiserr2964@cod.edu>
Subject: Refund Request

Did a triple check on this one to make sure everything is correct.

Matt

Matt Cousins
Manager, Chaparral Fitness
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.

