

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1178337

Vendor Name: Phi Theta Kappa

Invoice Number: 1073856317

Invoice Date: 09/02/20

PO Number:

Check Number: 0272535

Check Amount: \$ 500.00

Check Date: 09/15/2020

Department ID: 12931

Reviewer Name:

Voucher Number: V0643942

Redaction Type: Other

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

Document Below

From: acctpay@cod.edu
Sent: Thu Sep 10 15:11:09 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - Phi THeta Kappa - Thanks!

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Thursday, September 10, 2020 2:02 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - Phi THeta Kappa - Thanks!

Shannon Hernandez

College of DuPage
Office of Student Life
Coordinator of Student Life – Clubs and Office Operations
Co-Advisor Phi Theta Kappa
630-942-3054

Deliberative * Restorative * Adaptability * Empathy * Harmony

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: 9/2/2020
Vendor ID: 1178337

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	01	30	12931	5309001	Other Contractual Services Exp	\$ 500.00

Grand Total \$ 500.00

AP VERIFIED

Check the appropriate box below and sign

09/11/20 - BETHANY CRUSE

☒ The undersigned hereby certify that the goods/services for which payment is being requested have been delivered in a satisfactory condition/manner. Consequently, payment is appropriate and timing.

☐ The undersigned hereby certify that the goods/services for which payment is being 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: Phi Theta Kappa
Payee Address: PO Box 13729; Jackson, MS 39236-3729

Other Instructions: _____

Description on Check:

Payment for registration to the 2020 PTX Virtual Catalyst Convention

Approvals:

Prepared By: Shannon Hernandez
Signature: Shannon Hernandez
Payment Due: 9/18/2020
Board Approved Date: _____

Approved By: Chuck Steele Date: 9/4/20
Signature: Chuck Steele
Approved By: _____ Date: _____
Signature: _____
Approved By Division VP: _____ Date: _____
Signature: _____

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

Phi Theta Kappa

Invoice Number : 1073856317

NO
IMAGE
AVAILABLE

NO
IMAGE
AVAILABLE



\$250.00 USD

\$250.00 USD

Billing Address:

Phi Beta Chapter
Attn: Mrs. Shannon Hernandez
MS: Office of Student Life
College of DuPage
425 Fawcett Blvd
Glen Ellyn, IL 60137-6708

SubTotal: \$500.00 USD
Order Total: \$500.00 USD
Amount Due: \$500.00 USD