

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188426  
Vendor Name: Village of Glen Ellyn, Illinois  
Invoice Number: HOTEL TAX SEP 21  
Invoice Date: 10/14/2021  
PO Number:  
Check Number: E0086787  
Check Amount: \$ 255.95  
Check Date: 10/27/2021  
Voucher Number: V0712548  
Document Type: AP Invoice

Document Below

## Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 10/14/21 Vendor ID: 1188426 Vendor Name: Village of Glen Ellyn  
Payee Address: see Other Instructions below Payment Due Date: 10/31/21

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
HOTEL TAX SEP 21	01-00-00000-2900012	Hotel/Motel Tax	255.95
Total			\$ 255.95

Check the appropriate box below:

- ☒ 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.

Description on Check:

Village Hotel Tax for September 2021

Other Instructions:

Please remit payment via ACH.

### All requests will require the following approvals:

Requester: Bobby Marek Digitally signed by Bobby Marek  
Date: 2021.10.14 09:00:54 -05'00' Print Name: Bobby Marek  
Budget Officer: [Signature] Digitally signed by David P. Virgilio  
Date: 2021.10.14 10:23:31 -05'00' Print Name: David Virgilio

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (cont.)**

### **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 Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

<u>GL Account</u>	<u>Description</u>	<u>Sept 30 Balance</u>
01-00-00000-2900012	General : Hotel/Motel Tax	(1,282.24)
	3rd Quarter 2021 State Return	1,066.04
	September 2021 Village Return	255.95
	3rd Quarter 2021 State Discount Journal Entry	26.80
	Internal Chargeback Hotel Tax Journal Entry	(50.60)
		<u>1,298.19</u>
	Post-GL Balance	<u>15.95</u>

Notes:

1. The \$15.95 debit balance was resolved with the 9/30/21 hotel stay deposited in session 61440 on 10/6/21.

10/12/21		College of DuPage			Page: 1
		General Ledger Summary Trial Balance			
Fiscal Year: 2022		Year-to-Date Summary for Period Ending 09/30/2021			
		FUND: 01 - Educational			
GL Account		Opening Balance	Year-to-Date Debits	Year-to-Date Credits	Closing Balance
01-00-00000-2900012	General : Hotel/Motel Tax	296.88-	951.63	1,936.99	1,282.24-
Totals for FUND: 01 - Educational		296.88-	951.63	1,936.99	1,282.24-

**Monthly Hotel and Motel Tax Return**  
Due Village of Glen Ellyn



Month and Year September 2021

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$5119.00

Rate 5%

Amount of Tax \$255.95

Signature *Dylan Morici*

Title Interim Hotel Manager Date 10/05/21

Make checks payable to:

Village of Glen Ellyn  
535 Duane Street  
Glen Ellyn, IL. 60137

Sep Detail

DATE	Sep Deposits				Room Count			Room Count	Room Count					
	Gross Sales	State Tax	City Tax	Total Taxes	Notes	COD A/R	COD CC	General Public	Cashier's					
	Amount	Collected	Collected			Acct			Office Deposit		State s/b 6%	State Difference	City s/b 5%	City Difference
9/1/2021	\$ 500.00	\$ 30.00	\$ 25.00	\$ 55.00	Ashley			4 Rooms	\$555.00		30.00	-	25.00	-
9/2/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/3/2021	\$ 92.00	\$ 5.52	\$ 4.60	\$ 10.12	Joe			1 Room	\$102.12		5.52	-	4.60	-
9/4/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/5/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/6/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/7/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/8/2021	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	\$0.00		-	-	-	-
9/9/2021	\$ 290.00	\$ 16.80	\$ 14.00	\$ 30.80	Joe			2 Rooms	\$310.80		16.80	-	14.00	-
9/10/2021	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Joe			2 Rooms	\$321.90		17.40	-	14.50	-
9/11/2021	\$ 237.00	\$ 14.22	\$ 11.85	\$ 26.07	Joe	1 Room		1 Room	\$263.07		14.22	-	11.85	-
9/12/2021	\$ 237.00	\$ 14.22	\$ 11.85	\$ 26.07	Ashley	1 Room		1 Room	\$263.07		14.22	-	11.85	-
9/13/2021	\$ 237.00	\$ 14.22	\$ 11.85	\$ 26.07	Ashley	1 Room		1 Room	\$263.07		14.22	-	11.85	-
9/14/2021	\$ 237.00	\$ 14.22	\$ 11.85	\$ 26.07	Ashley	1 Room		1 Room	\$263.07		14.22	-	11.85	-
9/15/2021	\$ 92.00	\$ 5.52	\$ 4.60	\$ 10.12	Ashley	1 Room		0 Rooms	\$102.12		5.52	-	4.60	-
9/16/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/17/2021	\$ 403.00	\$ 24.18	\$ 20.15	\$ 44.33	Joe			3 Rooms	\$447.33		24.18	-	20.15	-
9/18/2021	\$ 403.00	\$ 24.18	\$ 20.15	\$ 44.33	Joe			3 Rooms	\$447.33		24.18	-	20.15	-
9/19/2021	\$ 113.00	\$ 6.78	\$ 5.65	\$ 12.43	Ashley			1 Room	\$125.43		6.78	-	5.65	-
9/20/2021	\$ 113.00	\$ 6.78	\$ 5.65	\$ 12.43	Ashley			1 Room	\$125.43		6.78	-	5.65	-
9/21/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/22/2021	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Ashley			1 Room	\$160.95		8.70	-	7.25	-
9/23/2021	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Joe			2 Rooms	\$321.90		17.40	-	14.50	-
9/24/2021	\$ 435.00	\$ 26.10	\$ 21.75	\$ 47.85	Joe			3 Rooms	\$482.85		26.10	-	21.75	-
9/25/2021	\$ 580.00	\$ 34.80	\$ 29.00	\$ 63.80	Joe			4 Rooms	\$643.80		34.80	-	29.00	-
9/26/2021	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Ashley			2 Rooms	\$321.90		17.40	-	14.50	-
9/27/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/28/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/29/2021	\$ -	\$ -	\$ -	\$ -	Closed			0 Rooms	\$0.00		-	-	-	-
9/30/2021	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Joe			1 Room	\$160.95		8.70	-	7.25	-
										\$5,662.09				
Total Receipts														
Subtotals	\$ 5,119.00	\$ 307.14	\$ 255.95	\$ 563.09	\$ 5,682.09 )									

SEPTEMBER	
IL Tax Return Info	
Line 1	\$ 5,682.09 Total Receipts
Line 2	255.95 City Tax
Line 3	-
Line 4	-
Line 5	-
Line 6	255.95
Line 7	5,426.14
Line 8	306.03 State Tax Rate .0564 (Listed Rate 6%)
Line 9	-
Line 10	306.03
Line 11	6.43 Discount
Line 12	299.60
IL Tax collected	307.14
Over(Under)	7.54 Total Discount
Line 13	-
Line 14	799.60
Line 15	-
Line 16	299.60 State Tax

COMBINED 3RD QUARTER 2021 (JULY, AUGUST, SEPTEMBER)	
IL Tax Return Info	
Line 1	\$20,217.54 Total Receipts
Line 2	910.70 City Tax
Line 3	-
Line 4	-
Line 5	-
Line 6	910.70
Line 7	19,306.84
Line 8	1,088.51 State Tax Rate .0564 (Listed Rate 6%)
Line 9	-
Line 10	1,088.51
Line 11	22.87 Discount
Line 12	1,065.64
IL Tax collected	1,092.84
Over(Under)	26.80 Total Discount
Line 13	-
Line 14	1,065.04
Line 15	-
Line 16	1,065.04 State Tax

Sep Deposits

Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	01-10-18004-4509030
1 8/28/2021	5	125.00	625.00	37.50	31.25	693.75	Personal CC	
2 8/31/2021	2	125.00	250.00	15.00	12.50	277.50	Personal CC	
3 8/26/2021	7	125.00	875.00	52.50	43.75	971.25	Personal CC	
4 8/25/2021	8	125.00	1,000.00	60.00	50.00	1,110.00	Personal CC	
Deposit Amount						\$3,052.50		
Date						9/3/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/3/2021	1	92.00	92.00	5.52	4.60	102.12	Personal CC	
Deposit Amount						\$102.12		
Date						9/4/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/9/2021	1	135.00	135.00	8.10	6.75	149.85	Gift Certificate	
Deposit Amount						\$149.85		
Date						9/10/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/9/2021	3	145.00	435.00	26.10	21.75	482.85	Personal CC	
2 9/10/2021	1	145.00	145.00	8.70	7.25	160.95	Personal CC	
Deposit Amount						\$643.80		
Date						9/14/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/12/2021	3	145.00	435.00	26.10	21.75	482.85	Personal CC	
Deposit Amount						\$482.85		
Date						9/15/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/11/2021	5	92.00	460.00	27.60	23.00	510.60	Direct Bill	
Deposit Amount						\$510.60		
Date						9/17/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/17/2021	1	145.00	145.00	8.70	7.25	160.95	Personal CC	
2 9/17/2021	2	145.00	290.00	17.40	14.50	321.90	Personal CC	
3 9/17/2021	4	113.00	452.00	27.12	22.60	501.72	Personal CC	
4 9/18/2021	1	145.00	145.00	8.70	7.25	160.95	Personal CC	
Deposit Amount						\$1,145.52		
Date						9/21/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/22/2021	2	145.00	290.00	17.40	14.50	321.90	Personal CC	
Deposit Amount						\$321.90		
Date						9/26/2021		
Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method	
1 9/23/2021	4	145.00	580.00	34.80	29.00	643.80	Personal CC	
2 9/24/2021	3	145.00	435.00	26.10	21.75	482.85	Personal CC	
3 9/24/2021	3	145.00	435.00	26.10	21.75	482.85	Personal CC	
Deposit Amount						\$1,609.50		
Date						9/30/2021		
Total of Deposits at Cashier's Office						\$7,358.19		
Minus incidental charges						-		
Plus rooms that were paid with gift certificate						\$149.85		
Plus September rooms under AR charges						\$510.60		
Minus August AR charges paid in September						-		
Plus rooms that will carry over to Oct deposits						160.95		
Minus August rooms that were in September dep						(2,497.50)		
Total						\$5,682.09		
Total from Hotel Taxes spreadsheet						5,682.09		
							Sales	Hotel Tax
							460.00	50.60
							145.00	15.95

October 11 2021  
16:21

RECEIPT TENDER CODE ANALYSIS

Page 1

CODE: BANK Thank You for Your Payment

ID	Name	Date	Recei pt No	AR Type/ Dep Type/ Non-AR Recei pt Code	Sessi on	Amount	GL NOS
	9/ 3/ 21 Taxable Sales & Serv	09/ 03/ 21	001987778	CHCH Inn At Waters Edge	61088	2,750.00	01_10_18004_4509030
					61088	302.50	01_00_00000_2900012
					Total :	3,052.50	
	9/ 04/ 21 Taxable Sales & Serv,	09/ 08/ 21	001988060	CHCH Inn At Waters Edge	61123	92.00	01_10_18004_4509030
					61123	10.12	01_00_00000_2900012
					Total :	102.12	
	9/ 10/ 21 Taxable Sales & Servi c	09/ 10/ 21	001988327	CHCH Inn At Waters Edge	61155	135.00	01_10_18004_4509030
					61155	14.85	01_00_00000_2900012
					Total :	149.85	
	9/ 10/ 21 Taxable Sales & Servi c	09/ 10/ 21	001988327	CHCH Inn At Waters Edge	61155	149.85	01_00_00000_2709003
					Total :	149.85	
	9/ 14/ 21 Taxable Sales & Serv	09/ 15/ 21	001988788	CHCH Inn At Waters Edge	61202	580.00	01_10_18004_4509030
					61202	63.80	01_00_00000_2900012
					Total :	643.80	
	9/ 15/ 21 Taxable Sales & Serv	09/ 20/ 21	001992907	CHCH Inn At Waters Edge	61251	435.00	01_10_18004_4509030
					61251	47.85	01_00_00000_2900012
					Total :	482.85	
	9/ 21/ 21 Taxable Sales & Serv	09/ 23/ 21	001993273	CHCH Inn At Waters Edge	61292	1,032.00	01_10_18004_4509030
					61292	113.52	01_00_00000_2900012
					Total :	1,145.52	
	9/ 26/ 21 Taxable Sales & Serv	09/ 27/ 21	001993552	CHCH Inn At Waters Edge	61330	290.00	01_10_18004_4509030
					61330	31.90	01_00_00000_2900012
					Total :	321.90	
	9/ 30/ 21 Taxable Sales and Serv	09/ 30/ 21	001993757	CHCH Inn At Waters Edge	61382	1,450.00	01_10_18004_4509030
					61382	159.50	01_00_00000_2900012
					Total :	1,609.50	
				Recei pt Tender Total :		7,358.19	



Confirmation Number: 0-559-392-912

Date Submitted: 10/12/2021

Date Printed: 10/13/2021



Illinois Department of Revenue

# RHM-1 Hotel Operators' Occupation Tax Return

REV 4 (R-05/13)

Legal Name: COMMUNITY COLLEGE

DBA Name:

Account ID: 40637549

License no: HM-14345

Filing Period: 9/30/2021

Due Date: 11/01/2021

## Step 1: Figure your taxable base

- |  |   |             |
|--|---|-------------|
| 1 Total receipts. (Includes all room rental receipts, state, and local tax collected for this reporting period.)   | 1 | \$20,217.54 |
| 2 Local tax deduction.   | 2 | \$910.70    |
| 3 Permanent residents deduction.   | 3 | \$0.00      |
| 4 Other deductions (Describe each deduction by item <b>and</b> amount on the lines below)<br>Example: foreign diplomats: \$1,000.00, meeting rooms: \$200.00 |   |             |

_____	
_____	
_____	

Total other deductions: 4 \$0.00

- |   |   |             |
|---|---|-------------|
| 5 Subtraction for MPEA Hotel Tax collected.               | 5 | \$0.00      |
| 6 Add Lines 2 through 5. This is your total deductions.   | 6 | \$910.70    |
| 7 Subtract Line 6 from Line 1. This is your taxable base. | 7 | \$19,306.84 |

## Step 2: Figure your total tax

- |   |    |            |
|---|----|------------|
| 8 State tax. Multiply Line 7 by .0564         | 8  | \$1,088.91 |
| 9 Chicago taxes. NOT APPLICABLE               | 9  | \$0.00     |
| 10 Add Lines 8 and 9. This is your total tax. | 10 | \$1,088.91 |

## Step 3: Figure your discount

- |  |    |         |
|--|----|---------|
| 11 If you file and pay on time, multiply Line 10 by .021 | 11 | \$22.87 |
|--|----|---------|

## Step 4: Figure your payment due

- |  |    |            |
|--|----|------------|
| 12 Subtract Line 11 from Line 10. This is your net tax due.                      | 12 | \$1,066.04 |
| 13 If you collected too much tax, report the amount of excess tax you collected. | 13 | \$0.00     |
| 14 Add Line 12 and Line 13. This is your tax due.                                | 14 | \$1,066.04 |
| 15 If you have credit, tell us the amount of credit you wish to apply.           | 15 | \$0.00     |
| 16 Subtract Line 15 from Line 14. This is your total tax due.                    | 16 | \$1,066.04 |

"Marek, Robert" <marekr@cod.edu>

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**Village of Glen Ellyn Check Request**

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"Marek, Robert" <marekr@cod.edu>

Thu, Oct 14, 2021 at 08:26 PM GMT

CC:

BCC:

Bobby Marek

**Senior Accountant | Financial Affairs**

**College of DuPage**

425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599

phone 630-942-2655 | fax 630-942-2297 | [marekr@cod.edu](mailto:marekr@cod.edu)

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**1 attachment**

Check Req - Sep 2021 Village Hotel Tax\_signed.pdf