

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188209
Vendor Name: College of Dupage Foundation
Invoice Number: NPDONATE21
Invoice Date: 8/31/2022
PO Number:
Check Number: 0302293
Check Amount: \$ 2,933.50
Check Date: 09/13/2022
Voucher Number: V0751731
Document Type: AP Invoice

Document Below

INVOICE

Invoice ID: 0500-1282-5610

Vendor	College of Dupage Foundation
Requester	Ellen McGowan [0049779 mcgowan]
Created By	Ellen McGowan [0049779 mcgowan]
Create Date	09/05/2022

Invoice Information

Vendor	College of Dupage Foundation [1083794]
Address	[e172ed7c-8394-4e79-9ea6-5e50b03ce032] 425 Fawell Blvd Glen Ellyn, IL 60137
Invoice Number	NPDONATE21
Invoice Date	08/31/2022
Invoice Amount	2,933.50 USD
Description	TRANSFER REVENUE IN THE MAC
EthINVAPType	IM
FiscalYear	FY23
EthINVHDBank	IM

Prior Approvers

09/06/2022	Maria Zerrudo[Accounts Payable Lead 1368095 zerrudom]
09/06/2022	Maria Zerrudo[Accounts Payable Lead 1368095 zerrudom]
09/06/2022	Maria Zerrudo[Accounts Payable Lead 1368095 zerrudom]
09/06/2022	Auto Bot (INV Export to Colleague)[CRIEX - Ethos INV Export to Colleague AutoBot CRIEX CRIEX]

Invoice Notes

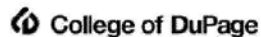
M Zerrudo	09/06/2022 10:28 AM VOIDED V0751696 - INCORRECT VENDOR NO. . REVOUCHERED UNDER VENDOR 1188209
A Bot (INV Export to Colleague)	09/06/2022 10:22 AM Colleague Invoice Number: V0751696
E McGowan	09/05/2022 10:40 AM

Invoice ID: 0500-1282-5610

Email address of sender: mcgowan@cod.edu.

Email received timestamp: 09/05/2022 15:40 GMT

Allocation Details		Amount [USD]
Expense		2,933.50
Amount To Be Expensed		2,933.50
05_60_11701_2900005 DEPT: AUX New Philharmonic/DOT		
Line	0001	
Description	TRANSFER REVENUE IN THE MAC	
Invoice Quantity	1	
U/M	EA	
Unit Price	2,933.50	
Allocation Summary		Amount (USD)
05_60_11701_2900005 DEPT: AUX New Philharmonic/DOT		2,933.50
OBJECT CODE: Art Center Deposit Liability		
Expense Summary		Amount (USD)
Expense		2,933.50



Accounts Payable Office

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: 08/31/22 Vendor ID: 1188209 Vendor Name: College of DuPage Foundation
 Payee Address: 425 Fawell Blvd., Glen Ellyn, IL 60137 Payment Due Date: 09/16/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
NPDONATE21	05-60-11701-2900005	AUX New Philharmonic: Art Center Deposit Liability	2,933.50
Total \$			2,933.50

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:

Transfer revenue received in the MAC Box Office for New Phil Donations (FY21 season) to the COD Foundation.

Other Instructions:

2 of 3 Checks for COD Foundation. MUST BE SEPARATE CHECKS.

Ellen McGowan
to pick up check
on 9/16/22.
Check 3 of 3.

All requests will require the following approvals:

Requester: Molly Junokas Digitally signed by Molly Junokas
Date: 2022.08.31 15:30:39 -0500 Print Name: Molly Junokas
 Budget Officer: Ellen McGowan Digitally signed by Ellen McGowan
Date: 2022.09.02 10:34:36 -0500 Print Name: Ellen McGowan

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

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.



"McGowan, Ellen" <mcgowan@cod.edu>

COD Foundation 2933.50

"McGowan, Ellen" <mcgowan@cod.edu>

Mon, Sep 5, 2022 at 03:38 PM GMT

CC:

BCC:

Please process. 3 foundation checks must be separate. McGowan to pick up on 9/16/22.

Ellen McGowan

Business Manager

McAninch Arts Center

College of DuPage

425 Fawell Boulevard

Glen Ellyn, IL 60137

Phone 630.942.3009

Fax 630.942.3002

1 attachment

COD Foundation Check Request 2933.50 FY 21 11701 New Phil Fund Donations 08-31-22.pdf

"Zerrudo, Maria" <zerrudom@cod.edu>

COD FOUNDATION

"Zerrudo, Maria" <zerrudom@cod.edu>

Tue, Sep 6, 2022 at 03:31 PM GMT

CC:

BCC:

1 attachment

COD FOUNDATION - 2,933.50.pdf