

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188209
Vendor Name: College of Dupage Foundation
Invoice Number: MACDON23-030223
Invoice Date: 3/2/2023
PO Number:
Check Number: 0310173
Check Amount: \$ 2,287.00
Check Date: 03/14/2023
Voucher Number: V0776530
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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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.

FINANCIAL_F IRST_NAME	FINANCIAL_LAS T_NAME	FINANCIAL_ADDRE SS_1	FINANCIA L_ADDRE SS_2	FINANCIAL_CITY	FINANCI AL_POS TAL_CO DE	FINAN CIAL_ SUBC OUNT	FINANCIAL_EMAIL	FINANCIAL_PRI_ PHONE_DISPLAY	EVENT_CODE	EVENT_DESCRIPTION	TICKET_VALUE	Notes for MAC	
Harriett	Lindstrom	5329 Main St	201	Downers Grove	60515	IL	HLindstrom@aol.com	(630) 416-7903	23 MAC DONATE	FY23 MAC Donation	\$ 50.00	S# 66376	ACH 10/24/22-10/30/22
Margaret	McCoy	825 Abbey Dr.		Glen Ellyn	60137	IL	maggiemccoy2003@hotmail.com	(630) 790-4676	23 MAC DONATE	FY23 MAC Donation	\$ 100.50	S# 66970	ACH 12/05/22-12/11/22
Margaret	McCoy	825 Abbey Dr.		Glen Ellyn	60137	IL	maggiemccoy2003@hotmail.com	(630) 790-4676	23 MAC DONATE	FY23 MAC Donation	\$ 154.50	S# 67580	ACH 01/30/23-02/05/23
Maureen	Schoenbeck	190 Liberty Rd	Unit 1	Crystal Lake	60014	IL	m.events@ashers.email	(312) 943-4046	23 MAC DONATE	FY23 MAC Donation	\$ 110.00	S# 67580	ACH 01/30/23-02/05/23
										TOTAL	\$ 415.00		



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 01/30/2023 - 02/05/2023
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 25,726.48 Deposit Date: 02/10/2023

GL Number	Deposit Amount (\$)	Description
05-60-11601-4509034	\$ 20,666.15	Touring Ticket Rev - FY23
05-60-11101-2900005	\$ 2,179.00	Buffalo Theatre Tkt. Rev. - FY23
05-60-11301-4509033	\$ 2,113.50	Tkt Handling Rev.
05-60-11998-4509034	\$ 886.00	Andy Warhol Exhibit
05-60-11301-5904001	\$ (859.42)	Credit Card Fees
05-60-11201-2900005	\$ 264.50	Arts Center Friends \$50+
05-60-11701-4509034	\$ 260.00	NP Ticket Rev - FY23
01-30-12271-4509034	\$ 82.00	College Theater
05-60-11301-2900006	\$ 77.75	Gift Certificates
05-60-11998-4509019	\$ 50.00	Misc. Revenue (CCMA Packages)
01-30-12241-4509034	\$ 7.00	College Band

Total: \$ 25,726.48

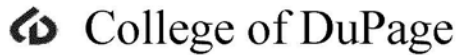
Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 25,726.48
Total Deposit: \$ 25,726.48

Summary of Deposits

Deposit Amount > \$0: \$ 26,585.90
Deposit Amount < \$0: \$ (859.42)
Total Deposit Amount: \$ 25,726.48

Total GLs > \$0: 10
Total GLs < \$0: 1
Total GLs in Deposit: 11



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 12/05/2022 - 12/11/2022
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 33,830.71 Deposit Date: 12/16/2022

GL Number	Deposit Amount (\$)	Description
05-60-11601-4509034	\$ 16,615.60	Touring Ticket Rev - FY23
05-60-11701-4509028	\$ 6,172.90	NP NYE Ticket Rev. - FY23
05-60-11101-2900005	\$ 4,520.10	Buffalo Theatre Tkt. Rev. - FY23
05-60-11301-4509033	\$ 2,604.00	Tkt Handling Rev.
01-30-12241-4509034	\$ 1,421.00	College Band
05-60-11301-2900006	\$ 1,144.60	Gift Certificates
05-60-11301-5904001	\$ (1,126.49)	Credit Card Fees
05-60-11998-4509034	\$ 1,048.00	Andy Warhol Exhibit
05-60-11701-4509034	\$ 751.50	NP Ticket Rev - FY23
01-30-12181-4509034	\$ 539.00	College Choral
05-60-11201-2900005	\$ 100.50	Arts Center Friends \$50+
01-30-12271-4509034	\$ 48.00	College Theater
05-60-11301-5909052	\$ (8.00)	MAC Ticket Deposit Discrepancy

Total: \$ 33,830.71

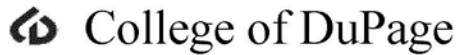
Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 33,830.71
Total Deposit: \$ 33,830.71

Summary of Deposits

Deposit Amount > \$0: \$ 34,965.20
Deposit Amount < \$0: \$ (1,134.49)
Total Deposit Amount: \$ 33,830.71

Total GLs > \$0: 11
Total GLs < \$0: 2
Total GLs in Deposit: 13



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 10/24/2022 - 10/30/2022
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 45,006.15 Deposit Date: 11/04/2022

GL Number	Deposit Amount (\$)	Description
05-60-11601-4509034	\$ 36,442.80	Touring Ticket Rev - FY23
05-60-11301-4509033	\$ 3,369.00	Tkt Handling Rev.
05-60-11401-2900005	\$ 2,400.00	Rental Ticket Rev.
05-60-11101-2900005	\$ 2,280.40	Buffalo Theatre Tkt. Rev. - FY23
05-60-11701-4509028	\$ 1,539.50	NP NYE Ticket Rev. - FY23
05-60-11301-5904001	\$ (1,500.15)	Credit Card Fees
01-30-12271-4509034	\$ 1,246.00	College Theater
05-60-11301-2900006	\$ (959.50)	Gift Certificates
05-60-11701-4509034	\$ 306.10	NP Ticket Rev - FY23
05-60-11201-2900005	\$ 50.00	Arts Center Friends \$50+
01-30-12241-4509034	\$ 42.00	College Band
05-60-11301-5909052	\$ (210.00)	MAC Ticket Deposit Discrepancy

Total: \$ 45,006.15

Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 45,006.15
Total Deposit: \$ 45,006.15

Summary of Deposits

Deposit Amount > \$0: \$ 47,675.80
Deposit Amount < \$0: \$ (2,669.65)
Total Deposit Amount: \$ 45,006.15

Total GLs > \$0: 9
Total GLs < \$0: 3
Total GLs in Deposit: 12

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

Check Req COD Foundation 415.00

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

Thu, Mar 2, 2023 at 10:56 PM UTC

CC:

BCC:

Please process.

Ellen McGowan

Business Manager

McAninch Arts Center

College of DuPage

425 Fawell Boulevard

Glen Ellyn, IL 60137

Office 630-942-3009

Cell 630-205-3627

1 attachment

COD Foundation Check Request FY23 11201 MAC Donations 415.00 03-02-23.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1188209
Vendor Name: College of Dupage Foundation
Invoice Number: NPDON23-030223
Invoice Date: 3/2/2023
PO Number:
Check Number: 0310173
Check Amount: \$ 2,287.00
Check Date: 03/14/2023
Voucher Number: V0776689
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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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.

FINANCIAL_FIRST_NAME	FINANCIAL_LAST_NAME	FINANCIAL_ADDRESS_1	FINANCIAL_ADDRESS_2	FINANCIAL_CITY	FINANCIAL_POSTAL_CODE	FINANCIAL_SUBCOUNTRY_CODE	FINANCIAL_EMAIL	FINANCIAL_PHONE_DISPLAY	EVENT_CODE	EVENT_DESCRIPTION	TICKET_VALUE	Notes for MAC	
Bruce	Adamec	PO Box 281		Hinsdale	60522	IL	bruceadamec@ameritech.net	(847) 648-0649	23 NP DONATE	FY23 NP Donation	\$ 97.50	S# 67174	ACH 12/26/22-01/01/23
Gene & Marilyn	Dicola	745 Fir Court		Yorkville	60560	IL	ginoducati@aol.com	(630) 373-8451	23 NP DONATE	FY23 NP Donation	\$ 97.50	S# 67174	ACH 12/26/22-01/01/23
Gene & Marilyn	Dicola	745 Fir Court		Yorkville	60560	IL	ginoducati@aol.com	(630) 373-8451	23 NP DONATE	FY23 NP Donation	\$ 50.00	S# 66289	ACH 10/17/22-10/23/22
Richard & Shirley	Holt	455 W Front Street	2-502	Wheaton	60187	IL	rsholt1959@aol.com	(630) 665-1293	23 NP DONATE	FY23 NP Donation	\$ 114.75	S# 67330	ACH 01/16/23-01/22/23
Richard & Shirley	Holt	455 W Front Street	2-502	Wheaton	60187	IL	rsholt1959@aol.com	(630) 665-1293	23 NP DONATE	FY23 NP Donation	\$ 114.75	S# 66289	ACH 10/17/22-10/23/22
Jorge & Beatriz	Iorgulescu	106 Briarwood Ln		Oak Brook	60523	IL	b.iorgulescu@comcast.net	(630) 887-8310	23 NP DONATE	FY23 NP Donation	\$ 97.50	S# 67174	ACH 12/26/22-01/01/23
Theresa	Sak	1435 Johnstown Lane	Unit B	Wheaton	60189	IL	tms50@att.net	(630) 542-9070	23 NP DONATE	FY23 NP Donation	\$ 1,250.00	S# 67002	Cash & Check 12/26/22-01/01/23
Patricia	Vahcic	400 Burgess Rd		Geneva	60134	IL	patriciavahcic@att.net	(630) 232-4682	23 NP DONATE	FY23 NP Donation	\$ 50.00	S# 67002	Cash & Check 12/26/22-01/01/23
										TOTAL	\$ 1,872.00		



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 01/16/2023 - 01/22/2023
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 28,861.79 Deposit Date: 01/27/2023

GL Number	Deposit Amount (\$)	Description
05-60-11601-4509034	\$ 16,454.70	Touring Ticket Rev - FY23
05-60-11701-4509034	\$ 7,690.25	NP Ticket Rev - FY23
05-60-11301-4509033	\$ 2,299.00	Tkt Handling Rev.
05-60-11101-2900005	\$ 1,073.00	Buffalo Theatre Tkt. Rev. - FY23
05-60-11998-4509034	\$ 973.00	Andy Warhol Exhibit
05-60-11301-5904001	\$ (961.46)	Credit Card Fees
05-60-11601-4509027	\$ 704.00	School Stage Touring
05-60-11301-2900006	\$ 308.55	Gift Certificates
05-60-11701-2900005	\$ 114.75	NP Donations
01-30-12271-4509034	\$ 106.00	College Theater
05-60-11998-4509019	\$ 65.00	Misc. Revenue (CCMA Packages)
01-30-12181-4509034	\$ 14.00	College Choral
01-30-12241-4509034	\$ 14.00	College Band
05-60-11301-5909052	\$ 7.00	MAC Ticket Deposit Discrepancy

Total: \$ 28,861.79

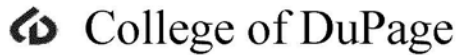
Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 28,861.79
Total Deposit: \$ 28,861.79

Summary of Deposits

Deposit Amount > \$0: \$ 29,823.25
Deposit Amount < \$0: \$ (961.46)
Total Deposit Amount: \$ 28,861.79

Total GLs > \$0: 13
Total GLs < \$0: 1
Total GLs in Deposit: 14



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 12/26/2022 - 01/01/2023
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 24,018.64 Deposit Date: 01/06/2023

GL Number	Deposit Amount (\$)	Description
05-60-11701-4509028	\$ 14,113.35	NP NYE Ticket Rev. - FY23
05-60-11601-4509034	\$ 5,172.45	Touring Ticket Rev - FY23
05-60-11301-4509033	\$ 1,788.50	Tkt Handling Rev.
05-60-11701-4509034	\$ 1,625.45	NP Ticket Rev - FY23
05-60-11301-2900006	\$ 1,176.50	Gift Certificates
05-60-11301-5904001	\$ (795.11)	Credit Card Fees
05-60-11998-4509034	\$ 622.00	Andy Warhol Exhibit
05-60-11701-2900005	\$ 292.50	NP Donations
05-60-11998-4509019	\$ 30.00	Misc. Revenue (CCMA Packages)
05-60-11301-5909052	\$ (7.00)	MAC Ticket Deposit Discrepancy

Total: \$ 24,018.64

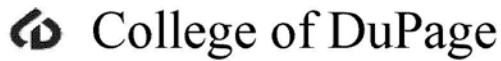
Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 24,018.64
Total Deposit: \$ 24,018.64

Summary of Deposits

Deposit Amount > \$0: \$ 24,820.75
Deposit Amount < \$0: \$ (802.11)
Total Deposit Amount: \$ 24,018.64

Total GLs > \$0: 8
Total GLs < \$0: 2
Total GLs in Deposit: 10



McAninch Arts Center Ticket Office
Cash and Check Deposit Form

Date Range of Deposit: 12/26/2022 - 01/01/2023
NARD System: Tickets.com
Form Completed By: Tatia Hegranes

NARD Code: MACT Total Deposit: \$ 1,316.35 Deposit Date: 01/04/2023

GL Number	Deposit Amount (\$)	Description
05-60-11701-2900005	\$ 1,300.00	NP Friends \$50+ - FY23
05-60-11701-4509028	\$ 14.35	NP NYE Ticket Rev. - FY23
05-60-11301-4509033	\$ 2.00	Tkt Handling Rev.
	\$ -	
	\$ -	
	\$ -	
	\$ -	

Total: \$ 1,316.35

Breakdown of Deposit Amounts

Cash:	\$ 16.35
Checks:	\$ 1,300.00
Am. Express:	
Discover:	
MasterCard:	
Visa:	
Wire:	
Total Deposit:	\$ 1,316.35

Summary of Deposits

Deposit Amount > \$0:	\$ 1,316.35
Deposit Amount < \$0:	\$ -
Total Deposit Amount:	\$ 1,316.35
Total GLs > \$0:	3
Total GLs < \$0:	0
Total GLs in Deposit:	3



McAninch Arts Center Ticket Office
ACH Deposit Form

Date Range of Deposit: 10/17/2022 - 10/23/2022
NARD System: Tickets.com
Form Completed By: Elise N Wash

NARD Code: MACT Total Deposit: \$ 77,390.33 Deposit Date: 10/28/2022

GL Number	Deposit Amount (\$)	Description
05-60-11601-4509034	\$ 61,891.75	Touring Ticket Rev - FY23
05-60-11701-4509034	\$ 4,797.30	NP Ticket Rev - FY23
05-60-11301-4509033	\$ 4,352.00	Tkt Handling Rev.
05-60-11301-5904001	\$ (2,535.47)	Credit Card Fees
01-30-12271-4509034	\$ 2,212.40	College Theater
05-60-11401-2900005	\$ 2,180.00	Rental Ticket Rev.
05-60-11701-4509028	\$ 1,624.25	NP NYE Ticket Rev. - FY23
05-60-11101-2900005	\$ 1,170.00	Buffalo Theatre Tkt. Rev. - FY23
01-30-12241-4509034	\$ 1,022.00	College Band
05-60-11301-2900006	\$ 261.35	Gift Certificates
05-60-11201-2900005	\$ 250.00	Arts Center Friends \$50+
05-60-11701-2900005	\$ 164.75	NP Donations

Total: \$ 77,390.33

Breakdown of Deposit Amounts

Cash: _____
Checks: _____
Am. Express: _____
Discover: _____
MasterCard: _____
Visa: _____
Wire: \$ 77,390.33
Total Deposit: \$ 77,390.33

Summary of Deposits

Deposit Amount > \$0: \$ 79,925.80
Deposit Amount < \$0: \$ (2,535.47)
Total Deposit Amount: \$ 77,390.33

Total GLs > \$0: 11
Total GLs < \$0: 1
Total GLs in Deposit: 12

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

Check Req COD Foundation 1872.00

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

Thu, Mar 2, 2023 at 11:00 PM UTC

CC:

BCC:

Please process as separate check from 11201 account. Thank you.

Ellen McGowan

Business Manager

McAninch Arts Center

College of DuPage

425 Fawell Boulevard

Glen Ellyn, IL 60137

Office 630-942-3009

Cell 630-205-3627

1 attachment

COD Foundation Check Request FY23 11701 NP Donations 1872.00 03-02-23.pdf