

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1309460
Vendor Name: Shaw Suburban Media Group
Invoice Number: 2049797
Invoice Date: 2/28/2023
PO Number:
Check Number: 0310364
Check Amount: \$ 912.60
Check Date: 03/14/2023
Voucher Number: V0778997
Document Type: AP Invoice

Document Below

SHAW MEDIA
EST. 1851
PO BOX 250
CRYSTAL LAKE IL 60039-0250
(815) 459-4040

1 Billing Period 02/2023		2 Advertiser/Client Name COLLEGE OF DUPAGE / LEGALS	
23 Total Amount Due 912.60		*Unapplied Amount	3 Terms of Payment
21 Current Net Amount Due 912.60	22 30 Days .00	60 Days .00	Over 90 Days .00
4 Page Number 1	5 Billing Date 02/28/23	6 Billed Account Number 10070907	7 Advertiser/Client Number 10070907

Advertising Invoice and Statement

8 Billed Account Name and Address COLLEGE OF DUPAGE / LEGALS ATTN ACCOUNTS PAYABLE 425 FAWELL BLVD GLEN ELLYN IL 60137-0000	
--	--

THANK YOU TO A VALUED CUSTOMER

Please Return Upper Portion With Payment

10 Date	11 Newspaper Reference	12 13 14 Description-Other Comments/Charges	15 SAU Size 16 Billed Units	17 Times Run 18 Rate	19 Gross Amount	20 Net Amount
02/02/23	2049797 L00C	FINANCIAL REPORT 2049797 SLM/CCK PO#DAVID VIRGILIO	6.0X 8.00 48.00	1 0.00	456.30	456.30
02/03/23	2049797 L00C	FINANCIAL REPORT 2049797 SLM/CDP PO#DAVID VIRGILIO	6.0X 8.00 48.00	1 0.00	456.30	456.30

TO RECEIVE YOUR STATEMENT VIA E-MAIL CONTACT US TODAY AT billing@shawsuburban.com

Statement of Account - Aging of Past Due Amounts

Due date: 03/31/23

21 Current Net Amount Due	22 30 Days	60 Days	Over 90 Days	*Unapplied Amount	23 Total Amount Due
912.60	0.00	0.00	0.00		912.60

SHAW MEDIA
(815) 459-4040

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24 Invoice Number 022310070907	25 Advertiser Information	
1 Billing Period 02/2023	6 Billed Account Number 10070907	7 Advertiser/Client Number 10070907
		2 Advertiser/Client Name COLLEGE OF DUPAGE / LEG

SHAW MEDIA <kreimer@shawmedia.com>

[External] SHAW MEDIA Month End Invoice/Statement

SHAW MEDIA <kreimer@shawmedia.com>

Wed, Mar 1, 2023 at 10:02 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Your Month End Invoice/Statement from the SHAW MEDIA is attached.

Acct #: 10070907

Name : COLLEGE OF DUPAGE / LEGALS

1 attachment

r_fstmt_0301160217.pdf

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.

SHAW MEDIA
EST. 1851

PO BOX 250
CRYSTAL LAKE IL 60039-0250
(815) 459-4040

1) Billing Period	02/2023	2) Advertiser/Client Name	COLLEGE OF DUPAGE / LEGALS
23) Total Amount Due	912.60	Unapplied Amount	
21) Current Net Amount Due	912.60	30 Days	.00
		60 Days	.00
		Over 90 Days	.00
4) Page Number	1	5) Billing Date	02/28/23
		6) Bill to Account Number	10070907
		7) Advertiser/Client Number	10070907

Advertising Invoice and Statement

COLLEGE OF DUPAGE / LEGALS
ATTN ACCOUNTS PAYABLE
425 FAWELL BLVD
GLEN ELLYN IL 60137-0000

THANK YOU TO A VALUED CUSTOMER

Please Return Upper Portion With Payment

02/02/23	2049797 L00C	FINANCIAL REPORT 2049797 SLM/CCK PO#DAVID VIRGILIO	6.0X 8.00 48.00	1 0.00	456.30	456.30
02/03/23	2049797 L00C	FINANCIAL REPORT 2049797 SLM/CDP PO#DAVID VIRGILIO	6.0X 8.00 48.00	1 0.00	456.30	456.30

TO RECEIVE YOUR STATEMENT VIA E-MAIL CONTACT US TODAY AT billing@shawsuburban.com

Statement of Account - Aging of Past Due Amounts

Due date: 03/31/23

912.60	0.00	0.00	0.00	912.60
--------	------	------	------	--------

SHAW MEDIA
(815) 459-4040

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

022310070907	02/2023	10070907	10070907	COLLEGE OF DUPAGE / LEG
--------------	---------	----------	----------	-------------------------

SHAW MEDIA <kreimer@shawmedia.com>

[External] SHAW MEDIA Month End Invoice/Statement

SHAW MEDIA <kreimer@shawmedia.com>

Wed, Mar 1, 2023 at 10:02 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Your Month End Invoice/Statement from the SHAW MEDIA is attached.

Acct #: 10070907

Name : COLLEGE OF DUPAGE / LEGALS

1 attachment

r_fstmt_0301160217.pdf