

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1013631

Vendor Name: University of Tennessee Knoxville

Check Details:

Check Number: 0339890

Check Amount: \$ 6,946.72

Check Date: 6/10/2025

Invoice Details:

Invoice Number: 0001002

Invoice Date: 5/20/2025

PO Number: NULL

Voucher Number: V0887231

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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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



Invoice #: 0001002
Due Date: 5/20/2025
Issue Date: 5/20/2025
Event(s): Forensic Anthropology Short Course
Event Date(s): 6/15/2025 - 6/20/2025
Event Unique ID: 4531-65-65-6081

Client: College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137-6708 United States	Client Contact: Phone: Email:	Theodore Darden (630) 942-2989 darden@cod.edu
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Event Manager Heather McNeal	Start Date 6/15/2025	End Date 6/20/2025
Accounts Receivable Jenny Lackey		

Invoice Department Totals				
	Subtotal	Svc Charge	Tax	Total
Event Services	\$5,255.00	\$1,103.55	\$588.17	\$6,946.72
Totals	\$5,255.00	\$1,103.55	\$588.17	\$6,946.72

Invoice Summary		
Subtotal		\$5,255.00
Service Charges		\$1,103.55
Tax		\$588.17
		\$6,946.72
Invoice Balance Due		\$6,946.72

PAYMENT INFORMATION

Check

Please make checks payable to:
University of Tennessee
PO Box 2648
Knoxville, TN 37901

Credit Card

Please use the unique link provided in your email to complete payment online if using a Credit Card.

Event Services

Item	Qty	Rate	Subtotal	Svc Charge	Tax	Total
Deluxe Suite Style Short Term	19 Single (1 Each)	\$47.00 / Single	\$893.00	\$187.53	\$99.95	\$1,180.48
Deluxe Suite Style Short Term	19 Single (1 Each)	\$47.00 / Single	\$893.00	\$187.53	\$99.95	\$1,180.48
Deluxe Suite Style Short Term	19 Single (1 Each)	\$47.00 / Single	\$893.00	\$187.53	\$99.95	\$1,180.48
Deluxe Suite Style Short Term	19 Single (1 Each)	\$47.00 / Single	\$893.00	\$187.53	\$99.95	\$1,180.48
Deluxe Suite Style Short Term	19 Single (1 Each)	\$47.00 / Single	\$893.00	\$187.53	\$99.95	\$1,180.48
Linen Packs	19 Each	\$30.00 / Each	\$570.00	\$119.70	\$63.80	\$753.50
<i>Linen packs include a top sheet, bottom sheet, blanket, pillowcase, 2 towels and 1 washcloth</i>						
On Campus Permit	2 Each	\$20.00 / Each	\$40.00	\$8.40	\$4.48	\$52.88
On Campus Permit	2 Each	\$20.00 / Each	\$40.00	\$8.40	\$4.48	\$52.88
On Campus Permit	2 Each	\$20.00 / Each	\$40.00	\$8.40	\$4.48	\$52.88
On Campus Permit	1 Each	\$20.00 / Each	\$20.00	\$4.20	\$2.24	\$26.44
On Campus Permit	2 Each	\$20.00 / Each	\$40.00	\$8.40	\$4.48	\$52.88
On Campus Permit	2 Each	\$20.00 / Each	\$40.00	\$8.40	\$4.48	\$52.88
Totals			\$5,255.00	\$1,103.55	\$588.17	\$6,946.72

"McKellin, Maren" <mckellin@cod.edu>

Check Request - U of Tennessee Taphonomy

"McKellin, Maren" <mckellin@cod.edu>

Thu, May 29, 2025 at 12:54 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU U of T Taphonomy.pdf