

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1188426

**Vendor Name:** Village of Glen Ellyn, Illinois

**Check Details:**

**Check Number:** E0108190

**Check Amount:** \$ 630.70

**Check Date:** 6/17/2025

**Invoice Details:**

**Invoice Number:** HOTELTAXMAY25

**Invoice Date:** 6/17/2025

**PO Number:** NULL

**Voucher Number:** V0889432

**Document Type:** AP Invoice

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**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
<b>Total</b>			<b>\$</b>

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](mailto:invoicing@cod.edu)**

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



Month and Year May 2025

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$12,614.00

Rate 5%

Amount of Tax \$630.70

Signature 

Title Hotel Manager

Date 06/02/25

Make checks payable to:

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

GL Account	Description	May 31 Balance
01-00-00000-2900012	General : Hotel/Motel Tax	(1,189.87)
	May 2025 State return	738.28
	May 2025 State discount	18.56
	May 2025 Village return	630.70
		<u>1,387.54</u>
	Post-GL Balance	<u>197.67</u>
		Note 1

### Notes:

College Of DuPage				
General Ledger Summary Trial Balance				
Year-to-Date Summary for Period Ending 05/31/2025				
Page: 1				
Fiscal Year: 2025			FUND: 01 - Educational	
GL Account	Opening Balance	Year-to-Date Debits	Year-to-Date Credits	Closing Balance
<hr/>				
01-00-00000-2900012 General : Hotel/Motel Tax	426.16-	7,751.17	8,514.88	1,189.87-
<hr/>				
Totals for FUND: 01 - Educational	426.16-	7,751.17	8,514.88	1,189.87-

1. Represents taxes of \$197.67 on May hotel stays that will be deposited in June.

Total of Deposits at Cashier's Office	\$11,904.75		
Minus Incidental Charges/Adjustments	-		
Plus Rooms Paid with Gift Certificate	-	Sales	Hotel Tax
Plus May Rooms Under AR Charges	102.12	92.00	10.12
Minus April AR Charges Paid in May	-		
Plus Rooms That Will Carry Over to June Depos	1,994.67	1,797.00	197.67
Minus April Rooms That Were In May Deposits	-		
Total	\$14,001.54		

DATE May Deposits

Room Count Room Count Room Count

	<b>Gross</b>								
	<b>Sales</b>	<b>State Tax</b>	<b>City Tax</b>	<b>Total</b>		<b>COD A/R</b>		<b>General</b>	<b>Cashier's</b>
	<b>Amount</b>	<b>Collected</b>	<b>Collected</b>	<b>Taxes</b>	<b>Notes</b>	<b>Acct</b>	<b>COD CC</b>	<b>Public</b>	<b>Office Deposit</b>
5/1/2025	\$ 755.00	\$ 45.30	\$ 37.75	\$ 83.05	Marie			5 Rooms	
5/2/2025	\$ 910.00	\$ 54.60	\$ 45.50	\$ 100.10	Marie			6 Rooms	
5/3/2025	\$ 910.00	\$ 54.60	\$ 45.50	\$ 100.10	Marie			6 Rooms	
5/4/2025	\$ 445.00	\$ 26.70	\$ 22.25	\$ 48.95	Ashley			3 Rooms	
5/5/2025	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Ashley			2 Rooms	
5/6/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
5/7/2025	\$ 775.00	\$ 46.50	\$ 38.75	\$ 85.25	Ashley			5 Rooms	
5/8/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Marie			3 Rooms	
5/9/2025	\$ 775.00	\$ 46.50	\$ 38.75	\$ 85.25	Marie			5 Rooms	
5/10/2025	\$ 920.00	\$ 55.20	\$ 46.00	\$ 101.20	Marie			6 Rooms	
5/11/2025	\$ 300.00	\$ 18.00	\$ 15.00	\$ 33.00	Ashley			2 Rooms	
5/12/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
5/13/2025	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms	
5/14/2025	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms	
5/15/2025	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms	
5/16/2025	\$ 649.00	\$ 38.94	\$ 32.45	\$ 71.39	Marie			5 Rooms	
5/17/2025	\$ 557.00	\$ 33.42	\$ 27.85	\$ 61.27	Marie			4 Rooms	
5/18/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Ashley			3 Rooms	
5/19/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Ashley			2 Rooms	
5/20/2025	\$ 402.00	\$ 24.12	\$ 20.10	\$ 44.22	Ashley	1 Room		2 Rooms	
5/21/2025	\$ 888.00	\$ 53.28	\$ 44.40	\$ 97.68	Ashley			6 Rooms	
5/22/2025	\$ 733.00	\$ 43.98	\$ 36.65	\$ 80.63	Marie			5 Rooms	
5/23/2025	\$ 113.00	\$ 6.78	\$ 5.65	\$ 12.43	Marie			1 Room	
5/24/2025	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms	
5/25/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
5/26/2025	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms	
5/27/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Ashley			1 Room	
5/28/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
5/29/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Marie			2 Rooms	
5/30/2025	\$ 775.00	\$ 46.50	\$ 38.75	\$ 85.25	Marie			5 Rooms	
5/31/2025	\$ 712.00	\$ 42.72	\$ 35.60	\$ 78.32	Marie			5 Rooms	

**Total Receipts**Subtotals \$ 12,614.00 \$ 756.84 \$ 630.70 \$ 1,387.54 \$ **14,001.54** :)**MAY 2025****IL Tax Return Info**

Line 1	\$ 14,001.54	Total Receipts
Line 2	630.70	City Tax
Line 3	-	
Line 4	-	
Line 5	-	
Line 6	<u>630.70</u>	
Line 7	13,370.84	
Line 8	754.12	State Tax Rate .0564 (Listed Rate 6%)
Line 9	-	
Line 10	<u>754.12</u>	
Line 11	15.84	Discount
Line 12	<u>738.28</u>	
IL Tax collected	756.84	
Over(Under)	18.56	Total Discount
Line 13	-	
Line 14	<u>738.28</u>	
Line 15	-	
Line 16	<u>738.28</u>	State Tax

### May 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	5/1/2025	5	145.00	725.00	43.50	36.25	804.75	Personal CC			
2	5/1/2025	5	145.00	725.00	43.50	36.25	804.75	Personal CC			
3	5/1/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
4	5/1/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
5	5/1/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
6	5/2/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
7	5/2/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
8	5/2/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
9	5/3/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
10	5/7/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
11	5/7/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
12	5/7/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
					Deposit Amount		\$4,190.25				
					Date		5/9/2025				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	5/7/2025	4	155.00	620.00	37.20	31.00	688.20	Personal CC			
2	5/7/2025	4	155.00	620.00	37.20	31.00	688.20	Personal CC			
3	5/8/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
4	5/9/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
5	5/9/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
6	5/10/2025	2	145.00	290.00	17.40	14.50	321.90	Personal CC			
					Deposit Amount		\$3,074.70				
					Date		5/16/2025				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	5/16/2025	1	92.00	92.00	5.52	4.60	102.12	Personal CC			
2	5/16/2025	2	92.00	184.00	11.04	9.20	204.24	Personal CC			
3	5/16/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
4	5/16/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
5	5/16/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
6	5/19/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
7	5/20/2025	1	92.00	92.00	5.52	4.60	102.12	Direct Bill			
					Deposit Amount		\$2,026.86				
					Date		5/22/2025				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	5/18/2025	5	155.00	775.00	46.50	38.75	860.25	Personal CC			
2	5/21/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	5/21/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
4	5/21/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
5	5/21/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
6	5/21/2025	3	113.00	339.00	20.34	16.95	376.29	Personal CC			
7	5/27/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
					Deposit Amount		\$2,612.94				
					Date		5/29/2025				
					Total of Deposits at Cashier's Office		\$11,904.75				
					Minus Incidental Charges/Adjustments		-				
					Plus Rooms Paid with Gift Certificate		-	Sales	Hotel Tax		
					Plus May Rooms Under AR Charges		102.12	92.00	10.12		
					Minus April AR Charges Paid in May		-				
					Plus Rooms That Will Carry Over to June Depos		1,994.67	1,797.00	197.67		
					Minus April Rooms That Were In May Deposits		-				
							Total	\$14,001.54			
					Total from Hotel Taxes spreadsheet			14,001.54			

June 17 2025  
08:41

RECEIPT DISTRIBUTION CODE ANALYSIS

Page 1

CODE: BANK Thank You for Your Payment

ID	Name	Date	Receipt No	AR Type/Dep	Type/Non-AR	Receipt Code	Amount
	05.09.25 Daily Deposit	05/09/25	002419884	CHCH	Inn At Waters	Edge	4,190.25
	5.16.25 Water'sEdgeDeposit	05/16/25	002428339	CHCH	Inn At Waters	Edge	3,074.70
	052225 Daily Deposit 5.22.25	05/22/25	002430253	CHCH	Inn At Waters	Edge	2,026.86
	Daily Deposit 05.29.25	05/29/25	002432217	CHCH	Inn At Waters	Edge	2,612.94
							-----
						Receipt Tender Total:	11,904.75

**"Barrios, Isabel"** <barriosi142@cod.edu>

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**Check Request - May 2025 Village Hotel Tax.pdf**

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**"Barrios, Isabel"** <barriosi142@cod.edu>

Tue, Jun 17, 2025 at 07:30 PM UTC

CC:

BCC:

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**1 attachment**

Check Request - May 2025 Village Hotel Tax.pdf