

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1188426 **Vendor Name:** Village of Glen Ellyn, Illinois

Check Details:

Check Number: E0110631 **Check Amount:** \$ 440.05 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: HOTELTAXOCT25 **Invoice Date:** 11/11/2025 **PO Number:** NULL **Voucher Number:** V0913452

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

Monthly Hotel and Motel Tax Return
Due Village of Glen Ellyn



Month and Year October 2025

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$8,801.00

Rate 5%

Amount of Tax \$440.05

Signature *Dylan Mari*

Title Hotel Manager

Date 11/04/25

Make checks payable to:

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

GL Account	Description	Oct 31 Balance
01-00-00000-2900012	General : Hotel/Motel Tax	(831.71)
	October 2025 State return	515.11
	October 2025 State discount	12.95
	October 2025 Village return	440.05
		<u>968.11</u>
	Post-GL Balance	<u>136.40</u> Note 1

Notes:

College Of DuPage				
General Ledger Summary Trial Balance				
Year-to-Date Summary for Period Ending 10/31/2025				
*** Opening Balances are estimated; Previous Fiscal Year is not closed ***				
Fiscal Year: 2026		ASSET.CLASS: Unassigned		
GL Account	Opening Balance	Year-to-Date Debits	Year-to-Date Credits	Closing Balance
01-00-00000-2900012 General : Hotel/Motel Tax	867.79-	3,767.06	3,730.98	831.71-
Totals for ASSET.CLASS: Unassigned	867.79-	3,767.06	3,730.98	831.71-

1. Represents taxes on October hotel stays that will be deposited in November.

Total of Deposits at Cashier's Office	\$8,392.71		
Minus Incidental Charges/Adjustments	-		
Plus Rooms Paid with Gift Certificate	-	Sales	Hotel Tax
Plus October Rooms Under AR Charges	-	-	-
Minus September AR Charges Paid in October	-		
Plus Rooms That Will Carry Over to November [1,376.40	1,240.00	136.40
Minus September Rooms That Were In October	-		
Total	\$9,769.11		
Total from Hotel Taxes spreadsheet	9,769.11		

DATE Oct Deposits

Room Count Room Count Room Count

	Gross Sales Amount	State Tax Collected	City Tax Collected	Total Taxes	Notes	COD A/R Acct	COD CC	General Public	Cashier's Office Deposit
10/1/2025	\$ -	\$ -	\$ -	\$ -	Dylan			1 Room	
10/2/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Nazy			1 Room	
10/3/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Nazy			2 rooms	
10/4/2025	\$ 620.00	\$ 37.20	\$ 31.00	\$ 68.20	Nazy			4 rooms	
10/5/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Nazy			1 Room	
10/6/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Nazy			1 Room	
10/7/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Princess			1 Room	
10/8/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Ashley			3 Rooms	
10/9/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Nazy			1 Room	
10/10/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Nazy			2 Rooms	
10/11/2025	\$ 620.00	\$ 37.20	\$ 31.00	\$ 68.20	Nazy			4 Rooms	
10/12/2025	\$ 775.00	\$ 46.50	\$ 38.75	\$ 85.25	Ashley			5 Rooms	
10/13/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Ashley			1 Room	
10/14/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
10/15/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
10/16/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Nazy			3 Rooms	
10/17/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Nazy			3 Rooms	
10/18/2025	\$ 402.00	\$ 24.12	\$ 20.10	\$ 44.22	Nazy			3 Rooms	
10/19/2025	\$ 247.00	\$ 14.82	\$ 12.35	\$ 27.17	Ashley			2 Rooms	
10/20/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
10/21/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
10/22/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Ashley			3 Rooms	
10/23/2025	\$ 155.00	\$ 9.30	\$ 7.75	\$ 17.05	Nazy			1 Room	
10/24/2025	\$ 465.00	\$ 27.90	\$ 23.25	\$ 51.15	Nazy			3 Rooms	
10/25/2025	\$ 620.00	\$ 37.20	\$ 31.00	\$ 68.20	Nazy			4 Rooms	
10/26/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Ashley			2 Rooms	
10/27/2025	\$ 247.00	\$ 14.82	\$ 12.35	\$ 27.17	Ashley			2 Rooms	
10/28/2025	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms	
10/29/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Ashley			2 Rooms	
10/30/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Nazy			2 Rooms	
10/31/2025	\$ 310.00	\$ 18.60	\$ 15.50	\$ 34.10	Nazy			2 Rooms	

Total Receipts

Subtotals \$ 8,801.00 \$ 528.06 \$ 440.05 \$ 968.11 \$ 9,769.11 :)

OCTOBER 2025**IL Tax Return Info**

Line 1	\$ 9,769.11	Total Receipts
Line 2	440.05	City Tax
Line 3	-	
Line 4	-	
Line 5	-	
Line 6	440.05	
Line 7	9,329.06	
Line 8	526.16	State Tax Rate .0564 (Listed Rate 6%)
Line 9	-	
Line 10	526.16	
Line 11	11.05	Discount
Line 12	515.11	
IL Tax collected	528.06	
Over(Under)	12.95	Total Discount
Line 13	-	
Line 14	515.11	
Line 15	-	
Line 16	515.11	State Tax

Oct 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	10/2/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
2	10/3/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
3	10/3/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
4	10/4/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
5	10/4/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
6	10/4/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
					Deposit Amount		\$1,204.35				
					Date		10/7/2025				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	10/5/2025	5	155.00	775.00	46.50	38.75	860.25	Personal CC			
2	10/8/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	10/8/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
4	10/10/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
5	10/10/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
6	10/11/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
7	10/11/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
8	10/11/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
9	10/12/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
10	10/12/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
11	10/12/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
12	10/12/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
13	10/16/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
14	10/16/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
15	10/16/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
16	10/18/2025	2	92.00	184.00	11.04	9.20	204.24	Personal CC			
17	10/18/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
18	10/19/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
					Deposit Amount		\$4,677.54				
					Date		10/20/2025				
	Date of Stay	Number of Nights	Rate Per Night	Gross Sales	State Tax	City Tax	Total Amount	Payment Method			
1	10/22/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
2	10/22/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
3	10/22/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
4	10/24/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
5	10/24/2025	3	155.00	465.00	27.90	23.25	516.15	Personal CC			
6	10/25/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
7	10/25/2025	1	155.00	155.00	9.30	7.75	172.05	Personal CC			
8	10/26/2025	2	155.00	310.00	18.60	15.50	344.10	Personal CC			
9	10/27/2025	1	92.00	92.00	5.52	4.60	102.12	Personal CC			
					Deposit Amount		\$2,510.82				
					Date		10/24/2025				
					Total of Deposits at Cashier's Office			\$8,392.71			
					Minus Incidental Charges/Adjustments			-			
					Plus Rooms Paid with Gift Certificate			-	Sales	Hotel Tax	
					Plus October Rooms Under AR Charges			-	-	-	
					Minus September AR Charges Paid in October			-			
					Plus Rooms That Will Carry Over to November D			1,376.40	1,240.00	136.40	
					Minus September Rooms That Were In October f			-			
					Total			\$9,769.11			
					Total from Hotel Taxes spreadsheet			9,769.11			

CODE: BANK Thank You for Your Payment

ID	Name	Date	Receipt No	AR Type/Dep	Type/Non-AR	Receipt Code	Amount
	10.7.25 Daily Deposit	10/07/25	002478135	CHCH	Inn At Waters Edge		1,204.35
	10.20.25 Daily Deposit	10/20/25	002485077	CHCH	Inn At Waters Edge		4,677.54
	103025 Daily Deposit 103025	10/30/25	002486047	CHCH	Inn At Waters Edge		2,510.82

						Receipt Tender Total:	8,392.71

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

Check Request - October 2025 Village Hotel Tax.pdf

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

Wed, Nov 12, 2025 at 08:26 PM UTC

CC:

BCC:

1 attachment

Check Request - October 2025 Village Hotel Tax.pdf