

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1525192

Vendor Name: Les Dames D'Escoffier Ltd

Invoice Number: 6/3/2020

Invoice Date: 06/03/20

PO Number:

Check Number: 0270925

Check Amount: \$ 880.15

Check Date: 07/14/2020

Department ID: 98484

Reviewer Name:

Voucher Number: V0631639

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: marekr@cod.edu  
Sent: Thu Jun 25 16:26:30 CDT 2020  
To: invoicing@cod.edu  
CC: christopherd@cod.edu,vosicky@cod.edu  
Subject: Scholarship Check Req 2 of 2  
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Hello!

Please see the attached check request for Les Dames D'Escoffer in the amount of \$880.15. Let me know if you have any questions.

Thanks!

Bobby Marek  
**Senior Accountant | Financial Affairs**  
**College of DuPage**  
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599  
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

College of DuPage - Accounts Payable  
Check Request Form  
revised 4/14/2020

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 **Vendor Payment - Non-Purchase Order Procedure No. 10-65**

Date: 6/3/2020  
Vendor ID: 1525192

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	98484	2900024	Agency Scholarships	\$ 880.15

Grand Total \$ 880.15

Check the appropriate box below and sign

☒ 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.

Payee Name:

Payee Address:

159 W Burton Place#3, Chicago, IL  
60610

Other  
Instructions:

Description on Check:

Unused funds for Ivry Radford

Approvals:

Prepared By:

Diana Christopher  
Digitally signed by Diana Christopher  
Date: 2020.06.25 11:54:37 -05'00'

Signature:

Payment Due:

Board Approved Date:

Approved By:

Diana Del Rosario  
Digitally signed by Diana Del Rosario  
Date: 2020.06.25 11:57:58 -05'00'

Approved By:

Signature:

Approved By Division VP:

Signature:

Date:

Date:

Date:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)







