

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1609205

Vendor Name: Contra Costa Community College

Invoice Number: 6/4/2020

Invoice Date: 06/04/20

PO Number:

Check Number: 0271251

Check Amount: \$ 2,200.00

Check Date: 07/28/2020

Department ID: 02638

Reviewer Name:

Voucher Number: V0630294

Redaction Type: None

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

Document Below

From: zerrudom@cod.edu
Sent: Tue Jun 16 16:02:34 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

From: Humphrey, Vera
Sent: Thursday, June 4, 2020 3:37 PM
To: Refakes, Eugene <refakese@cod.edu>
Cc: Miller, Monica <millermo@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

Hi Eugene,

Ellen has approved. FYI and further handling.

Thanks.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Roberts, Ellen <roberts@cod.edu>
Sent: Thursday, June 4, 2020 3:28 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy

Vera,

Signed Form is attached.

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Thursday, June 4, 2020 2:55 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy

Hi Ellen,

Attached is a check request for your approval. Please see below.

Thanks.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Miller, Monica <millermo@cod.edu>
Sent: Thursday, June 4, 2020 2:52 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Cc: Davis, Felix <davisfe@cod.edu>; Fay, Kristine <faykris@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy with sign

Hello Vera,

I hope you are doing well.

I have attached a check request along with back-up documentation for a pre-payment request for Dr. Felix Davis, program chair of the CIT program and two adjuncts. This is for training. For your reference, I have included screenshots of the approved requests from Concur for each of them. Unfortunately, the vendor does not accept the American Express card.

Please let me know if you have any questions. Thank you.

Take care,

Monica

Monica Miller
Academic Division Business Associate
Business & Applied Technology Division
College of DuPage
425 Fawell Boulevard
TEC 1042
Glen Ellyn, IL 60137
(630) 942-3074

From: Holman, Katrina <holmank73@cod.edu>
Sent: Thursday, June 4, 2020 1:59 PM
To: Ellis, Jonita <ellisjo@cod.edu>; Miller, Monica <millermo@cod.edu>
Subject: RE: CHECK REQUEST FORM F Davis for Training Academy with sign

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Thursday, June 4, 2020 1:59 PM
To: Miller, Monica <millermo@cod.edu>; Holman, Katrina <holmank73@cod.edu>
Subject: RE: CHECK REQUEST FORM F Davis for Training Academy with sign

Katrina, These are ok to process I won't have time to sign off thanks.

je

From: Miller, Monica <millermo@cod.edu>
Sent: Thursday, June 4, 2020 1:55 PM
To: Holman, Katrina <holmank73@cod.edu>
Cc: Ellis, Jonita <ellisjo@cod.edu>
Subject: CHECK REQUEST FORM F Davis for Training Academy with sign

Re-sending with corrected GL.

Thank you.

Monica

© College of DuPage

SAP Concur

Requests

Travel

Expense

Help

Acting as Davis, Felix A

Manage Requests

New Request

Quick Search

Active Requests (1)

View

Request Name

Begin With

Go

| | Request Name | Request ID | Status | Request Dates | Date Submitted | Total | Approved a... | Remaining | Action |
|--------------------------|--|------------|----------|---------------|----------------|------------|---------------|------------|---------|
| <input type="checkbox"/> | Cisco Training Program Improvement Overprofessional development activity for CIT program | 43Y9 | Approved | | 05/26/2020 | \$1,200.00 | \$1,200.00 | \$1,200.00 | Expense |

Comment: Approved temp signed and has returned to vendor

Page 1 of 1

Displaying 1 - 1 of 1

SAP Concur

Requests

Expense

Help

Acting as Phipps, Thomas R

Manage Requests

New Request

Quick Search

Active Requests (1)

View

Request Name

Begin With

Go

| | Request Name | Request ID | Status | Request Dates | Date Submitted | Total | Approved a... | Remaining | Action |
|--------------------------|--|------------|----------|---------------|----------------|----------|---------------|-----------|---------|
| <input type="checkbox"/> | Cisco training academy Program Improvement grant request for instructor training | 43YA | Approved | | 05/22/2020 | \$500.00 | \$500.00 | \$500.00 | Expense |

Page 1 of 1

Displaying 1 - 1 of 1

SAP Concur

Requests

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Expense

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Acting as Abdulrahim, Marium E

Manage Requests

New Request

Quick Search

Active Requests (1)

View

Request Name

Begin With

Go

| | Request Name | Request ID | Status | Request Dates | Date Submitted | Total | Approved a... | Remaining | Action |
|--------------------------|---|------------|----------|---------------|----------------|----------|---------------|-----------|---------|
| <input type="checkbox"/> | Cisco Academy Inst Training Class Cisco Academy Instructor Training class CCAIPT for CIT class instructor | 43VE | Approved | | 05/27/2020 | \$500.00 | \$500.00 | \$500.00 | Expense |

Page 1 of 1

Displaying 1 - 1 of 1

FY 2020 Perkins Career and Technical Education Professional Development Institute Request Form Procedure

The FY 2020 Perkins Career and Technical Education (CTE) Professional Development Institute Request Fund is to be used for the professional development for College faculty and staff that will have an impact on CTE student success and CTE program improvement. Requests may include sponsoring expert speakers on pertinent and relevant issues impacting CTE or workshops that share best practices or it may be a professional development opportunity to increase content or technology knowledge for program faculty. However, all proposed activities must be completed no later than June 30, 2020. Please note – if activity includes out-of-state travel, once approved by the VPAA, a separate approval must be sent to ICCB for approval prior to travel. To be eligible, the activity must be applicable to CTE programs and if applicable, the employee must have exhausted other professional development reimbursement dollars available to them per current benefits as well as all other funds that may be available in their division/department. The pool of dollars available is limited and funds will be allocated according to need and greatest impact for CTE programs and/or student success.

1. Employee completes form and obtains signed recommendation from immediate supervisor/ Associate Dean prior to commencement of activity. ***Requests submitted without prior approval are not eligible for reimbursement.***
2. The immediate supervisor/Associate Dean provides their recommendation signature on the form and sends it to the area administrator for their recommendation signature. It is the immediate supervisor/Associate Dean's responsibility to verify that all funds as indicated above have been exhausted prior to submitting to their area administrator/Dean for their review and recommendation.
3. If the area administrator/Dean approves the form, it is forwarded to the Associate Vice President of Academic Affairs (AVPAA) for review and funding decision.
4. The AVPAA Office sends a copy to the employee and supervisors and informed to follow the normal operating procedures for the requested expenditure including entering the request and subsequent expenses through CONCUR if travel related using the account information provided.
5. Upon activity completion the employee should follow normal operating procedures, complete CONCUR expense report and attach required proof of attendance/completion and proof of payment along with a copy of the approved form and submit to AVPAA for processing.
6. Payment will be received in accordance with Accounts Payable schedule and established guidelines.



FY 2020 Perkins Career and Technical Education Professional Development Institute Request Form

This form must be signed and approved **prior to** starting the COD Operating processes and procedures required for offering and/or attending speaker/events, courses, workshops, seminars or other activity that you are requesting to use FY 2020 Perkins CTE Professional Development Institute funding.

Employee Name: Dr. Felix Davis Colleague ID# 0050047

Department: CIT Extension: 2134 Date: 05/15/2020

REQUEST:

☐ Speaker/Event
 ☒ Course
 ☐ Workshop/Seminar
 ☐ Conference
 ☐ Travel
 ☐ Other

Title/Sponsor: Cisco Networking Academy Instructor Training

\$ Amount of Request: \$2,200 Start Date: _____ End Date: _____

CTE Program(s): CIT

Description of Activity:

Cisco online training for program chair and two non-CODAA adjuncts. CCNA for Mariam Abdelrahim (\$500) for instructor to be certified. CCNA for Thomas Phipps \$500, to be instructor certified to schedule Cisco classes. CCNP Felix Davis \$900, need to support our updated CCNP curriculum, going forward, Cisco Academy must have certified instructor • A+ Felix Davis \$300 (this is a new method evaluation to support our A+ curriculum)

☒ I attest that I have exhausted/will exhaust all of the professional development dollars provided to me as a College benefit prior to this request.

Dr. Felix Davis Digitally signed by Dr. Felix Davis
Date: 2020.05.14 14:54:36 -05'00'

Employee Signature

Date

Description of how Activity will improve and support CTE Program(s):

☒ Approved
 ☐ Denied:
 Kris Fay Digitally signed by Kris Fay
Date: 2020.05.15 08:37:59 -05'00'
 Supervisor Date: _____

☒ Approved
 ☐ Denied:
 Kris Fay Digitally signed by Kris Fay
Date: 2020.05.15 08:37:38 -05'00'
 Area Administrator/Dean Date: _____

☒ Approved
 ☐ Denied:
 Lisa Stock Digitally signed by Lisa Stock
Date: 2020.05.15 12:40:04 -05'00'
 Associate Vice President of Academic Affairs Date: 05/15/2020

If approved, Requester must follow College policies and procedures related to the expenditure including entering the requests and expenses through Concur if travel related.

AAUSE ONLY

AA Approval: _____ Date: _____ Actual Expense \$ _____ Date: _____

CCCCD / Diablo Valley College
c/o Kim Schenk
321 Golf Club Road
Pleasant Hill CA 94523
United States



College of DuPage
Felix Davis

WASTC/ASC Invoice # 0002882
WASTC/ASC Invoice Date April 14, 2020
Balance Due (USD) \$2,200.00

| Item | Description | Unit Cost | Quantity | Line Total |
|------------|--|-----------|----------|------------|
| IT-E | Cisco Academy Instructor Training Class IT-Essentials 2020 Summer, 6/20 - 8/1 for Felix Davis | 300.00 | 1 | 300.00 |
| CCNA IFT | Cisco Academy Instructor Training Class CCNA IFT April 13, 2020 for CCNA Adjunct | 500.00 | 1 | 500.00 |
| CCNA IFT | Cisco Academy Instructor Training Class CCNA IFT April 13, 2020 for CCNA Adjunct | 500.00 | 1 | 500.00 |
| CCNP ENCOR | Cisco Academy Instructor Training Class CCNP ENCOR 2020 Fall 2, 11/7 - 12/12 for Felix Davis | 900.00 | 1 | 900.00 |

| | |
|--------------------------|-------------------|
| Total | 2,200.00 |
| Amount Paid | 0.00 |
| Balance Due (USD) | \$2,200.00 |

Notes

Please remit payment.
Thank you.

PAYMENT STUB

CCCCD / Diablo Valley College
c/o Kim Schenk
321 Golf Club Road
Pleasant Hill CA 94523
United States

To Pay Your Invoice Online

Go to

<https://diablovalleycollegecommunityed.freshbooks.com/code>

and enter the code EBxVLVU9DTy9dmk

Client

College of DuPage

WASTC/ASC Invoice #

0002882

WASTC/ASC Invoice Date

April 14, 2020

Balance Due (USD)

\$2,200.00

Amount Enclosed

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: 6/4/2020
Vendor ID:

| Invoice Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|------|-------|-------|---------|--------------------------------|-------------|
| NA | 06 | 10 | 02638 | 5309001 | Other Contractual Services Exp | \$ 2,200.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Grand Total

\$ 2,200.00

--- \$1,000 and Greater Approval of Division Vice President Required ---

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: Diablo Valley College

Payee Address: c/o Kim Schenk 321 Golf Club Rd,
Pleasant Hill, CA 94523

Other
Instructions:

REQUESTING A MANUAL CHECK (Pre-approval has been granted through Concur for Dr. Felix Davis, T Phipps & M Abdelrahim, CIT program) Vendor #1609205 does not accept AMEX.

Description on Check:

Approvals:

Prepared By: Monica Miller
Signature: **Monica Miller** Digitally signed by Monica Miller
Date: 2020.06.04 13:50:55 -05'00'
Payment Due:
Board Approved Date:

Approved By: Dr. Lisa Stock

Signature:

Approved By:

Signature:

Approved By Division VP:

Signature:

Lisa Stock

Date: Digitally signed by Lisa Stock
Date: 2020.06.04 13:57:25 -05'00'

APPROVED

By Lisa Stock at 1:57 pm, Jun 04, 2020

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

College of DuPage - Accounts Payable
Check Request Form
Notes:

APPROVED

By Ellen M. Roberts at 3:26 pm, Jun 04, 2020

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 Purchasing Department. Payment cannot be made to a vendor until this process has completed.

2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
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 Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

From: zerrudom@cod.edu
Sent: Tue Jun 16 16:02:51 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Question about a manual check

From: Miller, Monica
Sent: Tuesday, June 16, 2020 2:21 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: RE: Question about a manual check

Hi,

Eugene received it from Ellen. It was supposed to have been paid already. I just thought you could see if the vendor was paid.
Monica

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Tuesday, June 16, 2020 2:19 PM
To: Miller, Monica <millermo@cod.edu>
Subject: RE: Question about a manual check

Hi Monica,

I don't have the invoice and Ellen's approval.

Can you scan all that to invoicing@cod.edu

Thanks

Marivic Zerrudo
Accounts Payable Team Leader
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-2601 | zerrudom@cod.edu

From: Miller, Monica
Sent: Tuesday, June 16, 2020 1:50 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: Question about a manual check

Hi Marivic,

Ellen Roberts approved a manual check request for \$2,200 for the vendor below. I asked Eugene to let me know when it was processed, but he doesn't answer his email. Can you see if that was done? I want to provide a status to the faculty chair who requested the check for a training academy. The vendor information is below. Thank you.

Contra Costa Community College District
Vendor Number: 1609205, DBA Diablo Valley College

Monica Miller
Academic Division Business Associate
Business & Applied Technology Division
College of DuPage
425 Fawell Boulevard
TEC 1042
Glen Ellyn, IL 60137
(630) 942-3074

From: zerrudom@cod.edu
Sent: Tue Jun 16 16:01:04 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

From: Miller, Monica
Sent: Tuesday, June 16, 2020 3:21 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>
Subject: RE: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

Hi Marivic,

Yes, this is what was approved by Ellen on 6/4 for a check. No PO, this is a training event for which the three individuals are pre-approved in Concur. I attached all of the documentation when I forwarded. The vendor does not accept American Express, so our only way to pay was a check.

Monica

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Tuesday, June 16, 2020 3:17 PM
To: Miller, Monica <millermo@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

Hi Monica,

Is the request you were just inquiring, for vendor# 1609205?

The amount is over \$500.00, do we have a PO no.?

Thanks

Marivic

From: Humphrey, Vera
Sent: Thursday, June 4, 2020 3:37 PM
To: Refakes, Eugene <refakese@cod.edu>
Cc: Miller, Monica <millermo@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy - Check request approved

Hi Eugene,

Ellen has approved. FYI and further handling.

Thanks.

Vera Humphrey
Administrative Assistant to the

**Administrative Assistant to the
Interim Vice President
of Administrative Affairs**

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Roberts, Ellen <roberts@cod.edu>
Sent: Thursday, June 4, 2020 3:28 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy

Vera,

Signed Form is attached.

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Thursday, June 4, 2020 2:55 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy

Hi Ellen,

Attached is a check request for your approval. Please see below.

Thanks.

Vera Humphrey
**Administrative Assistant to the
Interim Vice President
of Administrative Affairs**

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Miller, Monica <millermo@cod.edu>
Sent: Thursday, June 4, 2020 2:52 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Cc: Davis, Felix <davisfe@cod.edu>; Fay, Kristine <faykris@cod.edu>
Subject: FW: CHECK REQUEST FORM F Davis for Training Academy with sign

Hello Vera,

I hope you are doing well.

I have attached a check request along with back-up documentation for a pre-payment request for Dr. Felix Davis, program chair of the CIT program and two adjuncts. This is for training. For your reference, I have included screenshots of the approved requests from Concur for each of them. Unfortunately, the vendor does not accept the American Express card.

Please let me know if you have any questions. Thank you.

Take care,

Monica

Monica Miller
Academic Division Business Associate
Business & Applied Technology Division
College of DuPage
425 Fawell Boulevard
TEC 1042
Glen Ellyn, IL 60137
(630) 942-3074

From: Holman, Katrina <holmank73@cod.edu>
Sent: Thursday, June 4, 2020 1:59 PM
To: Ellis, Jonita <ellisjo@cod.edu>; Miller, Monica <millermo@cod.edu>
Subject: RE: CHECK REQUEST FORM F Davis for Training Academy with sign

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Thursday, June 4, 2020 1:59 PM
To: Miller, Monica <millermo@cod.edu>; Holman, Katrina <holmank73@cod.edu>
Subject: RE: CHECK REQUEST FORM F Davis for Training Academy with sign

Katrina, These are ok to process I won't have time to sign off thanks.

je

From: Miller, Monica <millermo@cod.edu>
Sent: Thursday, June 4, 2020 1:55 PM
To: Holman, Katrina <holmank73@cod.edu>
Cc: Ellis, Jonita <ellisjo@cod.edu>
Subject: CHECK REQUEST FORM F Davis for Training Academy with sign

Re-sending with corrected GL.

Thank you.

Monica

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