

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1517408

Vendor Name: Strategic Cost Control, Inc

Invoice Number: 73345

Invoice Date: 02/02/21

PO Number:

Check Number: 0278669

Check Amount: \$ 825.00

Check Date: 03/30/2021

Department ID: 00835

Reviewer Name:

Voucher Number: V0670899

Redaction Type: None

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

Document Below

# AP VERIFIED

## 03/30/21 - ISABEL BARRIOS

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: 2/3/2021  
Vendor ID: 1517408

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
73345	01	90	00835	5204001	Unemployment Insurance Exp.	\$ 825.00
Grand Total						\$ 825.00

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.

Strategic Cost Control  
Inc., Dba

Payee Name: Corporate Cost Control

Other  
Instructions:

Payee Address: P.O. Box 1180, 50 Nashua Road  
Londonderry, NH 03053

Description on Check:

Quarterly fee for Unemployment Compensation Management services.

Approvals:

Prepared By: Mary Jo Duffey

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Mary Jo Duffey

Signature: Judy Contreras

Payment Due: 3/1/2021

Approved By: Judy Contreras

Board Approved Date:

Signature: Maritza Ruano

3.30.21

Approved By Division VP:

Signature: Isabel Barrios

Date:

Signature: Isabel Barrios

3.30.2021

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

**College of DuPage - Accounts Payable  
Check Request Form**

**Notes:**

**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.

Corporate Cost Control  
P.O. Box 1180  
Londonderry, NH 03053  
(603) 845-1326  
sgoodwin@corporatecostcontrol.com



## INVOICE

### BILL TO

Mary Jo Duffey  
Human Resources  
425 Fawell Boulevard  
Glen Ellen, IL 60137

INVOICE # 73345

DATE 02/02/2021

DUE DATE 03/01/2021

ACTIVITY	QTY	RATE	AMOUNT
<b>Services</b>			825.00
Quarterly Fee for Unemployment Compensation Management Services			

Billing period begins on the due date of this invoice.

BALANCE DUE

**\$825.00**

Approved by:

*Judy Contreras*  
Judy Contreras

\_\_\_\_\_  
Date

-----  
From: Barrios, Isabel <barriosi142@cod.edu>  
Sent: Tue Mar 30 16:40:58 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Attached Document  
-----

-----Original Message-----

From: Duffey, Mary Jo  
Sent: Tuesday, March 30, 2021 4:36 PM  
To: Barrios, Isabel  
Subject: FW: Attached Document

Hi Isabel,

Thanks so much for all of your work on this. I had both Maritza Ruano and Ellen sign the attached check request. I had to redact the "Pest Control" name, since Ellen had already signed the document. Hopefully, this will work, since I added the correct name to the pdf.

If you need anything else from me, please let me know.

Take care,

Mary Jo

Mary Jo Duffey  
Human Resources  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
duffeym@cod.edu

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-----Original Message-----

From: Barrios, Isabel  
Sent: Tuesday, March 30, 2021 10:25 AM  
To: Hayley, Robert ; Duffey, Mary Jo  
Subject: Attached Document

Corrected version

Isabel Barrios  
Accounts Payable Team Lead  
Cash Disbursements/Payroll Department  
College of DuPage  
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-3412 l [barriosi142@cod.edu](mailto:barriosi142@cod.edu)

[attachment: 321Z53Y\_04VQSC81V004LZQ\_page1.tif]

[attachment: 321Z53Y\_04VQSC81V004LZQ\_page2.tif]

[attachment: 321Z53Y\_04VQSC81V004LZQ\_page3.tif]

[attachment: 321Z53Y\_04VQSC81V004LZQ\_page4.tif]

[attachment: 321Z53Y\_04VQSC81V004LZQ\_page2 (002)\_signed\_03302021.pdf]

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From: Duffey, Mary Jo <duffeym@cod.edu>  
Sent: Tue Mar 30 07:39:31 CDT 2021  
To: invoicing@cod.edu  
CC: hayleyr@cod.edu  
Subject: Corporate Cost Control invoice # 73345  
-----

Good morning,

Attached please find an invoice for the quarterly fee for Corporate Cost Control (our unemployment vendor), along with a check request. Per Bob Hayley's instructions to me yesterday, he will authorize a funds availability override in Colleague to get this invoice paid. I am copying Bob in on this request.

As this invoice dates back to February 1, 2021, I would appreciate any assistance in getting it paid ASAP.

Thanks for your help – please let me know if you have any questions on this.

Take care,

Mary Jo

Mary Jo Duffey  
Human Resources  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
[duffeym@cod.edu](mailto:duffeym@cod.edu)

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[attachment: CHECK REQUEST FORM\_CCC\_Invoice\_Feb2021\_signed.pdf]  
[attachment: Invoice\_73345\_from\_Corporate\_Cost\_Control\_02032021\_signed.pdf]

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Check Request Form  
revised 4/14/2020

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Signature: *Mary Jo Duffey*  
Payment Due: 3/1/2021  
Board Approved Date:

Approved By: *Judy Contreras*  
Signature: *Judy Contreras*  
Approved By: Judy Contreras  
Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_  
Signature: \_\_\_\_\_

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