

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1440104

Vendor Name: The College Agency LLC

Invoice Number: 3648-1

Invoice Date: 10/19/20

PO Number:

Check Number: E0083539

Check Amount: \$ 1,300.00

Check Date: 03/03/2021

Department ID: 12785

Reviewer Name:

Voucher Number: V0662467

Redaction Type: None

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

Document Below

AP VERIFIED

03/02/21 - ISABEL BARRIOS

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

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: 1/15/2021
Vendor ID: 1440104

| Invoice Number | Fund | Func. | Dept. | Object | Object Descr. | Amount |
|----------------|------|-------|-------|---------|-----------------------|-------------|
| | 05 | 60 | 12785 | 5501002 | On-Campus Conf & Mtgs | \$ 1,300.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Grand Total | | | | | | \$ 1,300.00 |

--- \$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: The College Agency, LLC

Payee Address: 7907 Stafford Trail; Savage, MN 55378

Other Instructions: _____

Description on Check:

Payment for Textbreakers as part of Spirit Week activities

Approvals:

Prepared By: Shannon Hernandez
Digitally signed by Shannon Hernandez
Date: 2021.02.22 13:38:18 -06'00'

Signature: _____

Payment Due: _____

Board Approved Date: _____

Diana Del Rosario
Digitally signed by Diana Del Rosario
Date: 2021.02.26 08:52:30 -06'00'

Approved By: Chuck Steele
Digitally signed by Chuck Steele
Date: 2021.02.22 13:44:41 -06'00'

Approved By: Nathania Montes
Digitally signed by Nathania Montes
Date: 2021.02.22 13:52:52 -06'00'

Approved By: Mark Curtis-Chavez
Digitally signed by Mark Curtis-Chavez
Date: 2021.02.26 14:41:38 -06'00'

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

INVOICE

#3648-1



7907 Stafford Trail
Savage, MN 55378-4308

Phone: (651) 222-9669
Fax: (952) 400-5870
www.thecollegeagency.com

Purchaser

College of DuPage
425 22nd Ave.
Glen Ellyn, Illinois 60137-6784
Phone: (630) 942-2243

Due Date

10-19-2020

| Description | Amount |
|---|-------------------|
| 10-19-2020 - Text Breakers / College / Variety * | \$1,300.00 |
| <i>* Please make payment to "The College Agency, LLC" and mail check to the to The College Agency immediately following the performance (see attached W9 for tax information)</i> | |
| All amounts listed are in United States currency | |
| Total | \$1,300.00 |
| Payments/Credits | |
| BALANCE DUE | \$1,300.00 |

A 3% late fee will be charged for every 30 days until payment is received. Please remit payment as outlined in the Performance Contract.

From: Accounts Payable <acctpay@cod.edu>
Sent: Tue Mar 02 11:34:10 CST 2021
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - College Agency

From: Hernandez, Shannon <hernan@cod.edu>
Sent: Monday, March 1, 2021 6:27 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - College Agency

Thanks –

Shannon

Shannon Hernandez

College of DuPage
Office of Student Life
Coordinator of Student Life – Clubs and Office Operations
Co-Advisor Phi Theta Kappa
630-942-3054

Deliberative * *Restorative* * Adaptability * *Empathy* * Harmony

[attachment: textbreakers approved.pdf]