

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1620733
Vendor Name: Illinois Industrial Technology
Invoice Number: TEAI MEMB
Invoice Date: 05/17/21
PO Number:
Check Number: 0281674
Check Amount: \$ 500.00
Check Date: 06/08/2021
Department ID: 02637
Reviewer Name: Barbara Groves
Voucher Number: V0679996
Redaction Type: None
Document Type: AP Invoice

Document Below

APPROVED

By Tiana Baymon at 10:50 am, May 20, 2021

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: 5.17.21

Vendor ID: 1620733

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
TEAI Membership	06	10	02637	5309001		\$ 500.00

AP VERIFIED

Grand Total

\$ 500.00

05/20/21 - BETHANY CRUSE

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:

Technology Education Association of
Illinois (TEAI)

Payee Address:

% Kurt Wolter TEAI Membership
Chairman 1401 Flagg Road
Rochelle, IL 601068

Other

Instructions:

Please include membership forms

Description on Check:

APPROVED**05/24/21 - LISA STOCK****Approvals:**

Prepared By:

Laura Weiland

Approved By:

Marianne Hunnicutt

Date:

5-18-21

Signature:

Signature:

Marianne Hunnicutt

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

APPROVED

Signature:

By Lisa Stock at 6:15 am, May 20, 2021

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

From: Accounts Payable <acctpay@cod.edu>
Sent: Thu May 20 13:07:15 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Perkins Check Request

From: Baymon, Tiana <baymont@cod.edu>
Sent: Thursday, May 20, 2021 10:52 AM
To: Accounts Payable <acctpay@cod.edu>
Cc: Ellis, Jonita <ellisjo@cod.edu>
Subject: FW: Perkins Check Request

Hello,

Please see attached check request. Please let me know if you have any questions.

Thank you!

Tiana Baymon
Grant Accountant
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone: 630.942.2673 | Fax: 630.942.2297 | baymont@cod.edu

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Thursday, May 20, 2021 9:28 AM
To: Baymon, Tiana <baymont@cod.edu>
Subject: FW: Perkins Check Request

For your review and approval. Please forward to AP for further processing once completed.

jonita

From: McConnell, Amy <mcconnella1369@cod.edu>
Sent: Thursday, May 20, 2021 8:40 AM
To: Ellis, Jonita <ellisjo@cod.edu>
Subject: RE: Perkins Check Request

Hi Jonita,

Your signed check request is attached.

Thank you,

Amy McConnell
Administrative Assistant to Dr. Lisa Stock, Academic Affairs
College of DuPage | 425 Fawell Blvd. | BIC 3B15A | Glen Ellyn, IL 60137

(630) 942-3342 (phone) | (630) 942-3925 (fax) | mcconnella1369@cod.edu

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Wednesday, May 19, 2021 10:16 AM
To: Stock, Lisa <stockl@cod.edu>
Cc: McConnell, Amy <mcconnella1369@cod.edu>
Subject: FW: Perkins Check Request

Hi Lisa and Amy,

We need to get Lisa's signature on this. Once completed, please email back to me and I will forward it on to the grant accountant and AP.

jonita

From: Baymon, Tiana <baymont@cod.edu>
Sent: Wednesday, May 19, 2021 9:57 AM
To: Ellis, Jonita <ellisjo@cod.edu>
Subject: RE: Perkins Check Request

Sure Jonita- Can we get Lisa's signature? She is listed as the Authorized signer for the Perkins department.

I have added the account information and combined in one file, we just need her to sign or stamp the form.

Thanks!

Tiana Baymon
Grant Accountant
College of DuPage
425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone: 630.942.2673 | Fax: 630.942.2297 | baymont@cod.edu

From: Ellis, Jonita <ellisjo@cod.edu>
Sent: Wednesday, May 19, 2021 9:39 AM
To: Baymon, Tiana <baymont@cod.edu>
Subject: FW: Perkins Check Request

Hi Tiana,

I am unable to modify the check request – but I do approve it to be paid through Perkins training and education funds.

jonita

From: Weiland, Laura <weilandl281@cod.edu>
Sent: Wednesday, May 19, 2021 9:34 AM
To: Ellis, Jonita <ellisjo@cod.edu>
Cc: Zawlocki, April <zawlockia@cod.edu>
Subject: Fw: Perkins Check Request

Jonita,

As requested, attached please find the check request for the TEAI memberships.

Thanks,

Laura Weiland
Division Support Specialist
Social and Behavioral Sciences/Library
College of DuPage
weilandl281@cod.edu

From: Zawlocki, April
Sent: Friday, May 14, 2021 3:58 PM
To: Weiland, Laura
Subject: Perkins Check Request

Hello Laura,

As you will see below, Jonita said we should be able to do a check request for \$500 for the TEAI memberships. The address for the check is on the enrollment form.

Thank you!

April

From: Zawlocki, April
Sent: Thursday, April 15, 2021 10:15 AM
To: Ellis, Jonita
Subject: Re: Perkins Question

Thanks, Jonita! I'll go that route and see how it goes!

Thanks!

April

From: "Ellis, Jonita" <ellisjo@cod.edu>
Date: Tuesday, April 13, 2021 at 11:26 AM
To: "Zawlocki, April" <zawlockia@cod.edu>
Subject: RE: Perkins Question

You maybe able to issue a check request for all of the membership registrations for the advisory group and that would eliminate the need for reimbursements for you.

Best,

jonita

From: Zawlocki, April <zawlockia@cod.edu>
Sent: Tuesday, April 13, 2021 10:37 AM
To: Ellis, Jonita <ellisjo@cod.edu>
Subject: Perkins Question

Hello Jonita,

One of our activities is memberships to IACTE for our TEE Subcommittee members. Should they register and submit the receipt to me for reimbursement? Or should I register them?

Thanks!

April

[attachment: CHECK REQUEST FORM TEAI Membership 5.17.21.pdf]

**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.



Membership Form

Technology Education Association of Illinois

Note: Use this form for postal mail-in or in person membership *paid by check or purchase order*.
(Go to <http://www.teaillinois.org> to join or renew online using *credit card payment*.)

Part 1: Contact Information & Mailing Address:

3.org

Part 2: Annual Membership Type (mark only one):

- | | | |
|-------------------------------------|-------------------------|----------------|
| <input checked="" type="checkbox"/> | Professional Membership | <u>\$40.00</u> |
| <input type="checkbox"/> | Student Membership | \$15.00 |
| <input type="checkbox"/> | Retired Membership | \$15.00 |

Part 3 Extra Professional Membership (optional):

- | | | |
|-------------------------------------|--|----------------|
| <input checked="" type="checkbox"/> | IACTE - Illinois Association of Career & Technical Educators | <u>\$60.00</u> |
|-------------------------------------|--|----------------|

Step 4 Total Fees:

Total: \$100

Please make check payable to "TEAI" & postal mail to:

Kurt Wolter, TEAI Membership Chairman	Fax: (815) 562-6693
Rochelle Township High School	ph: (815) 562-4161 ext. 4129
1401 Flagg Road	
Rochelle, IL 61068	

Additional Information

State of Illinois tax identification number: 36-6084093
Questions? Send email to: kwolter@teaillinois.org



Membership Form

Technology Education Association of Illinois

Note: Use this form for postal mail-in or in person membership *paid by check or purchase order*.
(Go to <http://www.teaillinois.org> to join or renew online using *credit card payment*.)

Part 1: Contact Information & Mailing Address:

Name (required): _____

Email (required): _____

____ Use my existing _____

☒ Use or update the _____

Title (required): _____

Mailing Address (required) _____

City/State/Zip (required) _____

School/Company (required) _____

Phone (required): _____

Website address: <http://> _____

Part 2: Annual Membership Type (mark only one):

☒ Professional Membership

\$40.00

____ Student Membership

\$15.00

____ Retired Membership

\$15.00

Part 3 Extra Professional Membership (optional):

☒ IACTE - Illinois Association of Career & Technical Educators

\$60.00

Step 4 Total Fees:

Total: \$100

Please make check payable to "TEAI" & postal mail to:

Kurt Wolter, TEAI Membership Chairman

Fax: (815) 562-6693

Rochelle Township High School

ph: (815) 562-4161 ext. 4129

1401 Flagg Road

Rochelle, IL 61068

Additional Information

State of Illinois tax identification number: 36-6084093

Questions? Send email to: kwolter@teaillinois.org



Membership Form

Technology Education Association of Illinois

Note: Use this form for postal mail-in or in person membership *paid by check or purchase order*.
(Go to <http://www.teaillinois.org> to join or renew online using *credit card payment*.)

Part 1: Contact Information & Mailing Address:

Name (required): _____

Email (required): _____

☐ Use my existing _____

☒ Use or update the _____

Title (required): _____

Mailing Address (required) _____

City/State/Zip (required) _____

School/Company (required) _____

Phone (required): _____

Website address: _____

Part 2: Annual Membership

☒ Professional _____

☐ Student Member _____

☐ Retired Member _____

\$40.00

\$15.00

\$15.00

Part 3: Extra Professional Fees

☒ IACTE - Illinois _____

\$60.00

Step 4: Total Fees:

\$ 100

Please make check payable to:
Kurt Wolter, TEAI Membership
Rochelle Township High School
1401 Flagg Road
Rochelle, IL 61068

Additional Information

State of Illinois tax identification number: 36-6084093

Questions? Send email to: kwolter@teaillinois.org



Membership Form

Technology Education Association of Illinois

Note: Use this form for postal mail-in or in person membership *paid by check or purchase order*.
(Go to <http://www.teaillinois.org> to join or renew online using *credit card payment*.)

Part 1: Contact Information & Mailing Address:

Name (required):

Email (required):

☒ Use my existing TEAI

☐ Use or update the

Title (required):

Mailing Address (required)

City/State/Zip (required)

School/Company (required)

Phone (required):

Website address:

Part 2: Annual Membership

- | | |
|---|---------|
| <input checked="" type="checkbox"/> Professional Membership | \$40.00 |
| <input type="checkbox"/> Student Membership | \$15.00 |
| <input type="checkbox"/> Retired Membership | \$15.00 |

Part 3 Extra Professional Membership (optional):

- | | |
|--|---------|
| <input checked="" type="checkbox"/> IACTE - Illinois Association of Career & Technical Educators | \$60.00 |
|--|---------|

Step 4 Total Fees:

Total: 100.00

Please make check payable to "TEAI" & postal mail to:

Kurt Wolter, TEAI Membership Chairman

Fax: (815) 562-6693

Rochelle Township High School

ph: (815) 562-4161 ext. 4129

1401 Flagg Road

Rochelle, IL 61068

Additional Information

State of Illinois tax identification number: 36-6084093

Questions? Send email to: kwolter@teaillinois.org



Membership Form

Technology Education Association of Illinois

Note: Use this form for postal mail-in or in person membership *paid by check or purchase order*.
(Go to <http://www.teaillinois.org> to join or renew online using *credit card payment*.)

Part 1: Contact Information & Mailing Address:

Name (required) _____

Email (required) _____

☒ Use my existing email address. No changes needed.

☐ Use or update email address.

Title (required) _____

Mailing Address _____

City/State/Zip _____

School/Company _____

Phone (required): _____

Website address: <http://> _____

Part 2: Annual Membership Type (mark only one):

- | | |
|---|---------|
| <input checked="" type="checkbox"/> Professional Membership | \$40.00 |
| <input type="checkbox"/> Student Membership | \$15.00 |
| <input type="checkbox"/> Retired Membership | \$15.00 |

Part 3 Extra Professional Membership (optional):

- | | |
|--|---------|
| <input checked="" type="checkbox"/> IACTE - Illinois Association of Career & Technical Educators | \$60.00 |
|--|---------|

Step 4 Total Fees:

Total: 100.00

Please make check payable to "TEAI" & postal mail to:

Kurt Wolter, TEAI Membership Chairman

Fax: (815) 562-6693

Rochelle Township High School

ph: (815) 562-4161 ext. 4129

1401 Flagg Road

Rochelle, IL 61068

Additional Information

State of Illinois tax identification number: 36-6084093

Questions? Send email to: kwolter@teaillinois.org