

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089506
Vendor Name: Stonehearth Open Learning
Invoice Number: 030122.1
Invoice Date: 3/1/2022
PO Number:
Check Number: 0297378
Check Amount: \$ 2,894.00
Check Date: 03/15/2022
Voucher Number: V0730129
Document Type: AP Invoice

Document Below

Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 3/1/2022 Vendor ID: 1089506 Vendor Name: Stonehearth Open Learning Opportunities

Payee Address: PO Box 3150 Conway, NH 03818 Payment Due Date: Upon Receipt

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
030122.1	05-60-00661-5502005	In-State Conference Costs	2,894.00
Total			\$ 2,894.00

Check the appropriate box below:

- ☐ 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.

Description on Check:

Final payment for 2022SP Wildemess First Aid class.

Other Instructions:

All requests will require the following approvals:

Requester: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.03.01 15:31:06 -06'00' Print Name: Maren McKellin

Budget Officer: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.03.01 15:31:16 -06'00' Print Name: Maren McKellin

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

Stonehearth Open Learning Opportunities, Inc.
P. O. Box 3150
Conway, NH 03818
603-447-6711 www.soloschools.com

DATE	INVOICE #
2/28/2022	030122.1

BILL TO
College of DuPage Field & Experiential Learning 425 Falwell Blvd. Glen Ellyn, IL 60137 Attn: Gib Egge



P.O. NO.	DUE DATE	COURSE DATE
	4/1/2022	2/12/2022

DESCRIPTION	QTY	RATE	END DATE	AMOUNT
WFA 02/12-13/22	22	99.00	2/13/2022	2,178.00
CPR	14	40.00	2/13/2022	560.00
Rental Car		225.00	2/13/2022	225.00
Meals		70.00	2/13/2022	70.00
Comp - Gibb Egge	1	-99.00	2/13/2022	-99.00
Comp - Gibb Egge	1	-40.00	2/13/2022	-40.00
<p>OK to pay 3/1/22 Maren Mc Kellin</p>				

SOLO - celebrating 46 years of excellence!		Total	\$2,894.00
Finance Charges are added to past due balances at the rate of 1.5% per month.		Payments/Credits	\$0.00
<p>You can now pay using PayPal thru our new QR Code, open your PayPal app, scan our unique code, and your payment is made.</p>		Balance Due	\$2,894.00

"McKellin, Maren" <mckellin@cod.edu>

Stonehearth Open Learning Opportunities Payment

"McKellin, Maren" <mckellin@cod.edu>

Tue, Mar 1, 2022 at 09:32 PM GMT

CC:

BCC:

Please pay the attached.

Thanks,

Maren

Maren McKellin, M.A.

Manager, Field and Experiential Learning/Study Abroad/Global Education

College of DuPage

425 Fawell Blvd.|Glen Ellyn, IL 60137

phone: (630) 942-3762

web: cod.edu/field

Maximizer|Arranger|Adaptability|Empathy|Positivity

Save a tree. Please consider the environment before printing this email.

6 attachments

image012.jpg

image015.jpg

image013.jpg

image014.jpg

image011.jpg

Check Request Form SOLO Final.pdf