

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1319429

Vendor Name: AAFPE American Assoc. for Paralegal Edu

Invoice Number: LEX 2022

Invoice Date: 3/18/2022

PO Number:

Check Number: 0297992

Check Amount: \$ 300.00

Check Date: 04/12/2022

Voucher Number: V0733340

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: 03/18/2022 Vendor ID: 1319429 Vendor Name: AAPE AMERICAN ASSOC. FOR PARALEGAL EDUCATION

Payee Address: 222 S Westmonte Dr, Ste. 111 Altamonte Springs FL 32714 United States Payment Due Date: 04/17/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
	10-99-99470-2900099	LEX	300.00
Total			\$ 300.00

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:

LEX memberships and pins.

Other Instructions:

Please send check along with the forms below.

All requests will require the following approvals:

Requester: Jelymar Mejia Digitally signed by Jelymar Mejia
Date: 2022.03.18 12:53:28 -05'00' Print Name: Jelymar Mejia

Budget Officer: Chuck Steele Digitally signed by Chuck Steele
Date: 2022.03.18 13:08:49 -05'00' Print Name: Chuck Steele

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

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



Lambda Epsilon Chi (LEX) Inductee Form


Name of Chapter (School Name): College of DuPage

ELIGIBILITY OF STUDENTS FOR MEMBERSHIP IN LEX: The student to be inducted must demonstrate "superior academic performance" which is evidenced by an **overall** grade point average of at least **3.25**, plus a grade point average **in their paralegal classes** of at least **3.50**, to make membership in LEX a true and meaningful academic honor within the institution and a recognizable indication of superior academic achievement to members of the legal profession in the geographical area served by the institution.

Calculation Affirmation - Must be included with every inductee form submitted: Describe here, or on a separate page, the method used to calculate "two-thirds of the program requirements" for determination of the total number of students eligible for induction, as required under Section V.2) of the LEX Charter, as amended 2/14/2004.

Associate Degree students must earn 42 credit hours in the Paralegal Studies Program - 2/3 of 42 hours is 28 hours.

Certificate students must earn 36 credit hours in the Paralegal Studies Program 2/3 of 36 hours is 24 hours.

STUDENT NAME <i>as it is to appear on certificate</i> - PRINT NEATLY	GPA Overall (3.25)+	GPA Paralegal Program (3.50)+	Certificate Preference	
			Paralegal	Legal Studies
			X	
			X	
			X	
			X	
			X	
			X	
Could you please add a line below the Program Director's signature to allow the Co-advisor to also sign the certificates?				

Induction Date: 6/10/2022
Required Month/Day/Year

Requested Date to Receive Materials: May 1, 2022
(Please allow 4 weeks for processing)

Program Director Name: Sally Fairbank

Date Submitted: March 10, 2022

Signature: Sally Fairbank

Must be signed by Program Director

Date: _____

Name of Chapter (School Name): _____

[illegible]

Lambda Epsilon Chi (LEX) INVOICE

Ship to: Attn: / Name: Linda Jenkins
 School: _____
 Address: _____
 City, ST, _____
 Phone: (_____) _____

Quantity	Description	Unit Price	Total
<u>6</u>	LEX Certificate and Pin (Induction fee)	\$50.00	300.00
_____	LEX Graduation Sash	\$35.00	\$ _____
_____	LEX Banner/Table Runner	\$75.00	\$ _____
_____	LEX Expedited Processing/Shipping (for requests submitted within two weeks of date to receive materials)	\$25.00	\$ _____
	Amount Paid		300.00
			\$ _____

Please allow for a an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

Payment details:

____ **Payment by Check payable to AAFPE** Check #: _____ Amount \$: _____

Please note that only school-issued checks will be accepted. Personal checks from students will be returned.
 Money Orders will be accepted as a form of payment.

Select Card Type: _____ **Amex** _____ **Visa** _____ **MasterCard**

Name on Card: _____ Authorized Amount \$ _____

Signature of card holder: _____

Card Number : _____

Exp Date: _____ CVV Code: _____

Please mail form and payment to (please note change to suite number as of 4/1/18):

AAFPE, 222 S Westmonte Dr Ste 111, Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 (credit card payments only)

Email: info@aafpe.org

[Print Form](#)

[Submit by Email](#)

LEX Inductee Form 2018-05-01

"Mejia, Jelymar" <mejiaj742@cod.edu>

Check Request Form - AAfPE

"Mejia, Jelymar" <mejiaj742@cod.edu>

Fri, Mar 18, 2022 at 06:29 PM GMT

CC:

BCC:

Please see completed Check Request Form attached.

Jelymar Mejia

Student Club Specialist

Office of Student Life | SSC 1217

College of DuPage | 425 Fawell Blvd, Glen Ellyn, IL 60137

mejiaj742@cod.edu | (630) 942-3920

Pronouns: She/Her/Hers

My Signature Themes:

Communication WOO Significance Positivity Developer

1 attachment

Check request- AAfPE - JM CS.pdf