

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1642838
Vendor Name: A la Carte LLC
Invoice Number: 1091
Invoice Date: 3/4/2022
PO Number:
Check Number: E0089104
Check Amount: \$ 18,908.34
Check Date: 04/08/2022
Voucher Number: V0732488
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: 3/4/2022 Vendor ID: 1642838 Vendor Name: A la Carte, LLC
 Payee Address: 12454 Rosehill St. Overland Park, KS 66213 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1091	05-60-00661-5505006	International Travel Costs	18,908.34
Total			\$ 18,908.34

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:

Third payment for 2022SU Food and Wine Passport France (N. Carey)

Other Instructions:

All requests will require the following approvals:

Requester: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.03.04 11:54:29 -06'00' Print Name: Maren McKellin
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.03.04 11:54:38 -06'00' Print Name: Maren McKellin

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

Next Level Supervisor (if applicable): Tamara McClain Digitally signed by Tamara McClain
Date: 2022.03.09 17:50:40 -06'00' Print Name: Tamara McClain

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): Chavez Digitally signed by Mark Curtis
Date: 2022.03.10 15:00:10 -06'00' 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.

A la Carte

12454 Rosehill St.
Overland Park, KS 66213

Invoice

Date	Invoice #
2/10/2022	1091

Bill To
College of Dupage 425 Fawell Blvd. Glen Ellyn, IL 60137

P.O. No.	Terms	Project
	Per Agreement	

Quantity	Description	Rate	Amount
	Tour Cost - 14 travelers x \$4,800	\$67,200.00	
	Deposit 11/26/21	- \$5,000.00	
	Invoice 12/31/21 (due 2/1)	- \$25,533.33	
	Two Single Supplements 2 x \$575	\$1,150.00	
	Invoice 2/10/22 (due 3/1)	- \$18,908.34	
	(includes one \$575 single supplement)		
	Anticipated final balance with 14 travelers	- \$18,908.33	
	(including the second \$575 single supplement)		
		18,908.34	18,908.34
		Total	\$18,908.34

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

Check Request - A la Carte

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

Mon, Mar 14, 2022 at 01:38 PM GMT

CC:

BCC:

Please see the attached request.

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

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image001.jpg

image005.jpg

Check Request Form A la Carte Payment 3MCC.pdf

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