

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1642838

Vendor Name: A la Carte LLC

Invoice Number: 1092

Invoice Date: 3/22/2022

PO Number:

Check Number: E0089106

Check Amount: \$ 28,508.34

Check Date: 04/08/2022

Voucher Number: V0734561

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: 3/22/22 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
1092	05-60-00661-5505006	International Travel Costs	28,508.34
Total			\$ 28,508.34

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:

Fourth 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: 2022.03.22 13:42:12 -05'00' Print Name: Maren McKellin
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.03.22 13:42:28 -05'00' 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: 2022.03.25 11:22:50 -05'00' 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): Chavez Digitally signed by Mark Curtis
Date: 2022.03.29 14:05:18 -05'00' 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

A la Carte

12454 Rosehill St.
Overland Park, KS 66213

Invoice

Date	Invoice #
3/11/2022	1092

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

P.O. No.	Terms	Project
	Per Agreement	

Quantity	Description	Rate	Amount
	Balance Forward for 14 travelers including two single supplements at \$575 each)	18,908.34	18,908.34
2	Two additional travelers - 16 total	4,800.00	9,600.00
		Total	\$28,508.34

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

Check Request - A la Carte

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

Tue, Mar 29, 2022 at 07:32 PM GMT

CC:

BCC:

Please see the attached request.

Thank you,

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 LLC 3-2022 signedMCC.pdf

image004.jpg