

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1010917
Vendor Name: Parkland College
Invoice Number: TRAVEL EXPENSES
Invoice Date: 5/6/2022
PO Number:
Check Number: 0299670
Check Amount: \$ 12,800.00
Check Date: 06/07/2022
Voucher Number: V0739441
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: 5/6/2022 Vendor ID: 1010917 Vendor Name: Parkland Community College
 Payee Address: 2400 West Bradley, Champaign IL 61821 Payment Due Date: 5/7/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Fi	05-60-00661-5505006	International Travel Costs	3,200.00
	05-60-00661-5505006	International Travel Costs	3,200.00
	05-60-00661-5505006	International Travel Costs	3,200.00
	05-60-00661-5505006	International Travel Costs	3,200.00
Total			\$ 12,800.00

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:

Other Instructions:

Send to Attn: Cashiers Office Room U-250, Include invoice.

All requests will require the following approvals:

Requester: Susan Kerby Print Name: Susan Kerby
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.05.06 11:07:43 -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: 2022.05.06 11:13:29 -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 Mark Curtis
Digitally signed by Mark Curtis
Date: 2022.05.11 10:00:26 -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

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.

To: Sue Kerby, Coordinator, Study Abroad College of DuPage 425 Fawell Blvd, BIC 3520 Glen Ellyn, IL 60137 kerbys@cod.edu	Date: 5/5/2022 Due: upon receipt of invoice
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Invoice

DATE		TOTAL
5/5/2022	BILLING FOR STUDENTS ENROLLED IN DIJON FRANCE STUDY ABROAD 4 STUDENTS X \$ 3200.00 STUDENT  01-0000-00000-1309000 10-0000-51338-2900000	\$ 12,800.00
TOTAL DUE		\$ 12,800.00

Payment Details
<input type="checkbox"/> Cash <input type="checkbox"/> Check-Payable to Parkland College <input type="checkbox"/> Credit Card—Visa, MasterCard and Discover Name _____ CC # _____ exp date _____ CVV # _____ Please remit payment to the Business Office with a copy of this invoice.

Niki Olmo

 Billings/Accounts Receivable

Cashiers Office Room U-250
 2400 West Bradley
 Champaign, IL 61821-1899
 phone 217-351-2234
 fax 217-353-2632

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

Check Request - Parkland Community College

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

Wed, May 11, 2022 at 03:21 PM GMT

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Hello. Please see the attached check 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

image001.jpg

image012.jpg

image015.jpg

image013.jpg

image014.jpg

Check Request Dijon 2022SUMCC.pdf