

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1517408

Vendor Name: Strategic Cost Control, Inc,Dbc Corpora

Invoice Number: 369824

Invoice Date: 8/3/2022

PO Number:

Check Number: 0301799

Check Amount: \$ 866.00

Check Date: 08/16/2022

Voucher Number: V0749653

Document Type: AP Invoice

Document Below



DATE: AUG 03, 2022
INVOICE: 369824
ACCOUNT: CCC-10287
ACCT EXEC:
TERMS: 30 NET

INVOICE DESCRIPTION: Period 9-1-2022 - 11-30-2022

For Product Inquiries: Please contact your Account Executive
For Invoice/Collection Inquiries: (800) 695-4698

THANK YOU FOR YOUR BUSINESS

058000000102870080322000008660000000000000000003698240

"Fay, Marianne" <faym296@cod.edu>

Corporate Control Invoice

"Fay, Marianne" <faym296@cod.edu>

Wed, Aug 10, 2022 at 10:07 PM GMT

CC:

BCC:

Good afternoon:

Please find attached a check request and invoice for payment.

Thank you,

Marianne

Marianne Fay

Administrative Assistant V - Human Resources

College of DuPage 425 Fawell Blvd SRC 2130 Glen Ellyn, IL 60137

630-942-4272 (phone)

From: Camarena, Alma <camarenaa235@cod.edu>
Sent: Wednesday, August 10, 2022 5:02 PM
To: Fay, Marianne <faym296@cod.edu>
Subject: RE: New Check Request for Corporate Control Invoice

Thank you,

Alma

Alma Camarena

Director, Human Resources

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

(630) 942 - 2427

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From: Fay, Marianne <faym296@cod.edu>
Sent: Wednesday, August 10, 2022 4:58 PM
To: Camarena, Alma <camarenaa235@cod.edu>
Subject: FW: New Check Request for Corporate Control Invoice

Here is the correct Check request.

Thanks

From: Fay, Marianne
Sent: Monday, August 8, 2022 3:32 PM
To: Camarena, Alma <camarenaa235@cod.edu>
Subject: New Check Request for Corporate Control Invoice

Hi:

Here is the new check request for the Corporate Cost Control invoice using the current form.

Please sign and I will forward it on to accounts payable.

Thanks,

Marianne

Marianne Fay

Administrative Assistant V – Human Resources

College of DuPage 425 Fawell Blvd SRC 2130 Glen Ellyn, IL 60137

630-942-4272 (phone)

3 attachments

Check Request Invoice 369824.pdf

image001.png

Inv 369824.pdf

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: 8/8/2022 Vendor ID: 1517408 Vendor Name: Corporate Cost Control
Payee Address: P.O. Box 841971 Los Angeles, CA 90084-1971 Payment Due Date: 9/2/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
369824	01-90 00835 5204001	Unemployment Insurance Exps	866.00
Total \$			866.00

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:

Quarterly fee for Unemployment Compensation Management services (09/01/2022 - 11/30/2022)

Other Instructions:

All requests will require the following approvals:

Requester: Marianne Fay Print Name: Marianne Fay

Budget Officer: _____ Print Name: _____

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

Next Level Supervisor (if applicable): Alma Camarena Print Name: Alma Camarena

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.