

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1642838
Vendor Name: A la Carte LLC
Invoice Number: 1134
Invoice Date: 1/6/2023
PO Number:
Check Number: E0093133
Check Amount: \$ 29,683.33
Check Date: 01/18/2023
Voucher Number: V0767715
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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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



A la Carte
12454 Rosehill St.
Overland Park, KS 66213

Invoice

Date	Invoice #
1/4/2023	1134

Terms
Per Agreement

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

Quantity	Description	Rate	Amount
	Field Study Trip Cost for 15 students at \$4,900	\$73,500.00	
	Deposit Paid 10/28/2022	- \$5,000.00	
	New Subtotal Due	\$68,500.00	
	Interim Payment #1 Due 1/1/2022, Paid 12/9/22	-\$23,833.33	
	Three Additional Field Study Trip Students (3x\$4,900)	\$14,700.00	
	Subtotal Due	\$59,366.67	
	Interim Payment #2 Due 2/1/23	\$29,683.33	
	Anticipated Final Payment* Due 3/1/23	\$29,683.34	
	*Plus Any Single Supplement Sign-Ups		
	Field Study Trip to France Interim Payment #2 Due 2/1/23	29,683.33	29,683.33
Phone #	E-mail	Total \$29,683.33	
913-766-8067	kathy@getawayalacarte.com		

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

Check Request Form A la Carte Payment 2023-3MCC.pdf

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

Tue, Jan 10, 2023 at 09:50 PM UTC

CC:

BCC:

Please see the attached.

Thanks,

Maren

1 attachment

Check Request Form A la Carte Payment 2023-3MCC.pdf