

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1319429

Vendor Name: AAFPE American Assoc. for Paralegal Edu

Invoice Number: CODLEX2023

Invoice Date: 3/20/2023

PO Number:

Check Number: 0310924

Check Amount: \$ 500.00

Check Date: 04/11/2023

Voucher Number: V0779500

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

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.



Lambda Epsilon Chi (LEX) Inductee Form

Name of Chapter: College of DuPage

ELIGIBILITY OF STUDENTS FOR MEMBERSHIP IN LEX: The student to be inducted must demonstrate "superior academic performance" which is evidenced by an **overall** grade point average of at least **3.25**, plus a grade point average **in their paralegal classes** of at least **3.50**, to make membership in LEX a true and meaningful academic honor within the institution and a recognizable indication of superior academic achievement to members of the legal profession in the geographical area served by the institution.

Calculation Affirmation: Describe here, or on a separate page, the method used to calculate "one-half of the program requirements" for determination of the total number of students eligible for induction, as required under Section V.2) of the LEX Charter, as amended 2/16/2023. **Must be submitted for approval**

Certificate students must complete 12 Paralegal Studies classes to graduate. Therefore, the student meets the "one-half of the program requirements" if at least 6 classes have been completed.

Association students must complete 14 Paralegal Studies classes to graduate. Therefore, the student meets the "one-half of the program requirements" if at least 7 classes have been completed.

STUDENT NAME <i>as it is to appear on certificate</i> – PRINT NEATLY	GPA Overall (3.25)+	GPA Paralegal Program (3.50)+	Certificate Preference	
			Paralegal	Legal Studies
Meghann Fanslow	3.937	3.923	X	
Juana Velazquez	4.0	3.546	X	
Mariyam Syed	3.591	3.721	X	
Shirley M. Angarola	NA	4.0	X	
Kay D. Sire	NA	4.0	X	
Tammy L. Pesenti	NA	4.0	X	
Mary Beth Nagai	NA	4.0	X	
Grace Vestal	NA	4.0	X	
Marcia Jundanian	NA	4.0	X	
Jana Siclare	NA	4.0	X	

Induction Date: June 2, 2023
Required Month/Day/Year

Requested Date to Receive Materials: April 17, 2023
(Please allow 4 weeks for processing)

Program Director Name: Annie Knight

Date Submitted: 3-17-23

Signature: [Signature]

Must be signed by Program Director

Lambda Epsilon Chi (LEX) Inductee Form (pg 2)

Date: 3-17-23

On the certificates, could you please add a signature line for the co-advisor below the program director's signature?

Lambda Epsilon Chi (LEX) INVOICE

Name of Chapter: College of DuPage Date: _____

Ship to: Name: Linda Jenkins

Address: 210 Brighton Dr.

City, ST, Zip: Wheaton, IL 60189

Phone: (630) 536-9701 Email: jenkinslindas@att.net

Quantity	Description	Unit Price	Total
<u>10</u>	LEX Certificate and Pin (Induction fee)	\$50.00	\$ <u>500.00</u>
<u> </u>	LEX Graduation Sash	\$35.00	\$ <u> </u>
<u> </u>	LEX Banner	\$99.00	\$ <u> </u>
<u> </u>	LEX Expedited Processing/Shipping (If applicable – please see below)	\$25.00	\$ <u> </u>
Amount Paid			\$ <u>500.00</u>

AAfPE will pay standard mailing costs for orders placed within a two-week delivery date. Expedited shipping costs for induction certificates, pins and sashes will be billed to the LEX chapter.

Please allow for a an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

Payment details:

 Payment by Check payable to **AAfPE** Check #: _____ Amount \$: _____

Please note that only school-issued checks will be accepted. Personal checks from students will be returned.
Money Orders will be accepted as a form of payment.

Select Card Type: **Amex** **Visa** **MasterCard**

Name on Card: _____ Authorized Amount \$ _____

Address: _____

Signature of card holder: _____

Card Number : _____

Exp Date: _____ CVV Code: _____

Please mail form and payment to:

AAfPE, 222 S Westmonte Dr Ste 101, Altamonte Springs FL 32714

Phone: 407-774-7880

Fax: 407-774-6440 (credit card payments only)

Email: info@aafpe.org

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

LEX Check Request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Mon, Mar 20, 2023 at 02:25 PM UTC

CC:

BCC:

Thanks,

Jacqueline Rangel

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1217 | rangelj7781@cod.edu

1 attachment

Check Request LEX CS.pdf