

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083785

Vendor Name: Chronicle of Higher Education

Invoice Number: D76163

Invoice Date: 3/31/2023

PO Number:

Check Number: 0310979

Check Amount: \$ 179.00

Check Date: 04/11/2023

Voucher Number: V0780856

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
<b>Total</b>			<b>\$</b>

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](mailto: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.

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**RE: Request for Manual Check (Check Request - Chronicle)**

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"Roberts, Ellen" <roberts@cod.edu>

Wed, Apr 5, 2023 at 05:33 PM UTC

CC: Invoicing <invoicing@cod.edu>, Humphrey, Vera <humphreyv@cod.edu>

BCC:

Good afternoon,

The attached request for a manual check is approved as noted on the form.

Thank you,

Ellen

Ellen M. Roberts  
Vice President, Administrative Affairs  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
roberts@cod.edu  
630-942-2218

-----Original Message-----

From: Frye, Tracey  
Sent: Wednesday, April 5, 2023 12:22 PM  
To: Roberts, Ellen  
Cc: Invoicing ; Humphrey, Vera  
Subject: Request for Manual Check (Check Request - Chronicle)

Good afternoon, Ellen.

I am requesting approval for a manual check for the attached check request. This is for the purchase of a book for Dr. Caputo from the Chronicle of Higher Education. The Chronicle requires prepayment. A copy of the invoice is attached.

Thank you!

Tracey Frye  
Executive Assistant to the President  
College of DuPage  
425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599 phone 630.942.2201 | fax 630.942.2869 |  
fryetr@cod.edu

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**1 attachment**

Chronicle Book Order Check Request 03.31.23 - with BWC sig.pdf

## The Chronicle of Higher Education

1255 23<sup>rd</sup> Street NW  
Suite 700  
Washington, DC 20037

### INVOICE

Invoice #: D76163

Invoice Date: March 30, 2023

Purchase Order #: n/a

SHIP TO:	BILL TO:
Tracey Frye	Same as shipping
College of DuPage	
425 Fawell Boulevard	
Glen Ellyn IL 60137	
Selden, NY 11784	
Email: fryetr@cod.edu	
Phone: (630) 942- 2200	

QTY	PRODUCT	EDITION	PRICE PER UNIT	PRICE
1	The Future of Advising	Print	\$179.00	\$179.00
	Order ships when invoice is paid. Indicate Invoice #D76163 on the check payment. Note: Digital download link is sent to the shipping email.			
	TOTAL DUE			\$179.00

Remittance Address:  
Chronicle of Higher Education  
Accounts Receivable  
1255 23<sup>rd</sup> Street NW, Suite 700  
Washington, DC 20037

"Frye, Tracey" <fryetr@cod.edu>

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**Request for Manual Check (Check Request - Chronicle)**

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"Frye, Tracey" <fryetr@cod.edu>

Wed, Apr 5, 2023 at 05:22 PM UTC

CC: Invoicing <invoicing@cod.edu>, Humphrey, Vera <humphreyv@cod.edu>

BCC:

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Thank you!

Tracey Frye

Executive Assistant to the President

College of DuPage

425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599 phone 630.942.2201 | fax 630.942.2869 |

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**2 attachments**

Chronicle Book Order Invoice 03.31.23.pdf

Chronicle Book Order Check Request 03.31.23 - with BWC sig.pdf