

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1678903
Vendor Name: Jarret Dyer
Invoice Number: 1-31323
Invoice Date: 3/29/2023
PO Number:
Check Number: 0311265
Check Amount: \$ 2,400.00
Check Date: 04/14/2023
Voucher Number: V0782217
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

Jarret M. Dyer

Invoice: 1-31323

Please send check to:

Name Jarret Dyer

Date: March 11, 2023

Address

EIN

COD Vendor #

Phone

Project: GenCyber Program- Artificial Intelligence Training for K-12

Category	Reported Expenses	Amount Due
Artificial Intelligence Training (K-12)		
Project Dates		
11-Feb	800.00	\$800.00
25-Feb	800.00	\$800.00
11-Mar	800.00	\$800.00
Other (provide description below)	NA	

Please provide a description of 'other' expenses:

NA

TOTAL Reimbursement Due: \$2,400.00

Signature:



"Zerrudo, Marivic" <zerrudom@cod.edu>

FW: Check Request

"Zerrudo, Marivic" <zerrudom@cod.edu>

Thu, Apr 13, 2023 at 01:45 PM UTC

CC:

BCC:

From: Dietz, Teresa <norrist@cod.edu>
Sent: Thursday, April 13, 2023 8:34 AM
To: Zerrudo, Marivic <zerrudom@cod.edu>
Cc: Wahler, Grace <wahlerg@cod.edu>
Subject: FW: Check Request

Hi Marivic,

Were you able to process the attached? Grace Wahler emailed and said she didn't see it as being paid, and I was wondering if there was an issue.

Please let me know if you need anything.

Thanks,

Teresa

From: Dietz, Teresa
Sent: Thursday, March 30, 2023 1:43 PM

To: Invoicing <invoicing@cod.edu>

Cc: Wahler, Grace <wahlerg@cod.edu>; Miller, Monica <millermo@cod.edu>

Subject: Check Request

Please process the attached. Thank you.

Teresa

Teresa Dietz

Program Support Specialist

Business and Applied Technology

College of DuPage

630-942-3997

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1 attachment

Check Request J_Dyer.pdf