

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1563738

Vendor Name: Trickster Art Gallery Nfp

Invoice Number: 05052023

Invoice Date: 5/6/2023

PO Number:

Check Number: 0312067

Check Amount: \$ 250.00

Check Date: 05/22/2023

Voucher Number: V0785779

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



Trickster Cultural Center
190 S. Roselle Road Schaumburg IL 60193
info@trickstergallery.com (847) 301-2090

tricksterculturalcenter.org

May 5, 2023

College of DuPage
Native American
Studies Committee

Attn.: John Paris
parisj@cod.edu

Invoice #05052023
Date of service: 05/06/2023

Description of services provided: 1 hour discussion on Native American Culture

Total: \$250.00

Remit payment to: Trickster Art Gallery
190 S. Roselle Rd.
Schaumburg, IL., 60193

***A Native American Owned and Operated Art Institution (Gallery/Museum)
in Illinois 501 (c)(3) not-for-profit organization***

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

Check Request - Trickster Cultural Center

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

Mon, May 8, 2023 at 01:34 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

Trickster Native American Committee.pdf