

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1676316
Vendor Name: Human Resource Certification Institute,
Invoice Number: 11F98299-0003
Invoice Date: 5/11/2023
PO Number:
Check Number: 0312450
Check Amount: \$ 221.61
Check Date: 06/06/2023
Voucher Number: V0785857
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: Marianne Fay Print Name: _____
 Budget Officer: Alma Camarena Print Name: Alma Camarena

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

Invoice



Invoice number 11F98299-0003
Date of issue May 11, 2023
Date due May 18, 2023

Human Resource Certification Institute, Inc.
1725 Duke Street
Suite 400
Alexandria, Virginia 22314
United States
+1 866-898-4724
info@hrci.org

Bill to
Marianne Fay
faym296@cod.edu

\$221.61 due May 18, 2023

[Pay online](#)

Description	Qty	Unit price	Amount
Matt Jarzynski - HRCI Learning Center Courses - Aspects of an Inclusive Culture, Inclusive HR Leadership, and Inclusive Engagement and Development	1	\$221.61	\$221.61
Subtotal			\$221.61
Total			\$221.61
Amount due			\$221.61

Pay with ACH or wire transfer

Bank transfers, also known as ACH payments, can take up to five business days. To pay via ACH, transfer funds using the following bank information.

Bank name WELLS FARGO BANK, N.A.
Routing number 121000248
Account number 40630100913296014
SWIFT code WFBUS6S

"Fay, Marianne" <faym296@cod.edu>

HRCI invoice and Check Request

"Fay, Marianne" <faym296@cod.edu>

Fri, May 12, 2023 at 07:16 PM UTC

CC:

BCC:

Good afternoon:

Please process the attached for payment, is there anyway that you can let me know when the check is sent, this payment is for courses the our new HR Partner is going to take.

Thanks,

Marianne

Marianne Fay

Administrative Assistant V – Human Resources

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

2 attachments

Ck Request and HRCI Inv May 2023.pdf

image001.png