

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1517408  
Vendor Name: Strategic Cost Control, Inc,Dbal Corpora  
Invoice Number: 2402042019  
Invoice Date: 5/17/2023  
PO Number:  
Check Number: 0312537  
Check Amount: \$ 866.00  
Check Date: 06/06/2023  
Voucher Number: V0787998  
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](mailto:invoicing@cod.edu)**



DATE: MAY 16, 2023  
INVOICE: 2402042019  
ACCOUNT: CCC-10287  
ACCT EXEC:  
TERMS: 30 NET

**ATTN:** ALMA CAMARENA  
**BILL TO:** College of DuPage  
425 Fawell Boulevard  
Ellen, IL 60137

**INVOICE DESCRIPTION:** QUARTERLY BILLING, Jun-2023 to Aug-2023

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## REMITTANCE STUB

REMIT TO:  
Corporate Cost Control  
PO Box 841971  
Los Angeles, CA 90084-1971

For Invoice/Collection Inquiries:  
(800) 695-4698

AMOUNT: \$866.00  
INVOICE: 2402042019  
ACCOUNT: CCC-10287  
TERMS: 30 NET  
DUE DATE: JUN 15, 2023

WIRE TRANSFER DETAILS:  
BANK: Wells Fargo  
ABA (routing#): 121000248  
Acct: 4159403419

Amounts Paid after the due date shall incur interest at the rate of 1.5% per month.

DATE OF PAYMENT : \_\_\_\_/\_\_\_\_/\_\_\_\_

If payment is for more than one invoice, please provide all invoice #s below :

Amount : \$

**THANK YOU FOR YOUR BUSINESS**

058000000102870051623000008660000000000000024020420190

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

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**For processing**

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

Thu, May 18, 2023 at 08:58 PM UTC

CC:

BCC:

Good afternoon:

Please process the attached invoice.

Thank you for your help.

Marianne

**Marianne Fay**

**Administrative Assistant V – Human Resources**

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

630-942-4272 (phone)

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**2 attachments**

CK Request and Invoice 2402042019.pdf

image001.png