

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1691020

Vendor Name: MOMENTA, INC

Invoice Number: 042523

Invoice Date: 4/25/2023

PO Number:

Check Number: E0095953

Check Amount: \$ 200.00

Check Date: 06/28/2023

Voucher Number: V0791428

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: 4/25/23 Vendor ID: 1691020 Vendor Name: Momenta, INC
 Payee Address: 605 Lake Street, Oak Park, IL 60302 Payment Due Date: 5/1/23

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
	01-10-00366-5409002	Non-Capital equipment	200.00
Total			\$ 200.00

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:

Momenta, INC
 RE: Sarah Najera

Other Instructions:

All requests will require the following approvals:

Requester: Iva Erkapic Digitally signed by Iva Erkapic
Date: 2023.05.01 12:04:06 -05'00' Print Name: Iva Erkapic

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

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.

605 Lake Street
Oak Park, IL 60302
momentadances.org

INVOICE	
Invoiced from:	Billed to:
MOMENTA Dance Company 605 Lake Street Oak Park, IL 60302 (708) 848-2329 sarahnajera@momentadances.org	College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 Attn: Iva Erkapic
Description	Total
Friday, April 21 COD Dance Performance The MAC	
Duet performed by MOMENTA Dance Company	\$200
TOTAL BALANCE DUE:	\$200

"Sekerka, Joyce" <sekerkaj@cod.edu>

Attached Image

"Sekerka, Joyce" <sekerkaj@cod.edu>

Thu, Jun 15, 2023 at 07:44 PM UTC

CC:

BCC:

1 attachment

4177_001.pdf