

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1187566

Vendor Name: Carle C. Conway Scholarship Foundation

Invoice Number: HING#1616287

Invoice Date: 9/16/2024

PO Number:

Check Number: 0329783

Check Amount: \$ 2,677.29

Check Date: 09/18/2024

Voucher Number: V0850313

Document Type: AP Invoice

Document Below

"Servin-Garcia, Daniela" <servin-garciad@cod.edu>

Check Request - Carle Conway Scholarship Foundation

"Servin-Garcia, Daniela" <servin-garciad@cod.edu>

Mon, Sep 16, 2024 at 04:19 PM UTC

CC:

BCC:

Hello,

Attached is a new check request to process.

Daniela Servin-Garcia

Scholarship Coordinator | Student Financial Assistance

Phone: (630) 942-2283

Email: servin-garciad@cod.edu

We are moving! Please visit financial aid in SCC 123 after December 7th, 2023.

Mail Scholarship Checks to:

College of DuPage

Attn: Daniela Servin-Garcia

Berg Instructional Center (BIC) Room 1A03G

425 Fawell Blvd

Glen Ellyn, IL 60137

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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

2 attachments

Check Request - Carle Conway Scholarship Foundation (Hing).pdf

image001.png

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.

Carle C. Conway Scholarship Foundation Inc

95 Alexandria Dr.
Stamford, CT 06903

Dear Carle C. Conway Scholarship Foundation,

The college will be sending a check for unused scholarship funds for the following student(s):

Name	Social Security Number	Return Code	Term	Amount
Hing, Tyler	XXX-XX-3380	RSD	2021-2022	\$2,677.29
Total:				\$2,677.29

Please review your funds accordingly upon arrival. Please see return code guide below for reason funds are being returned. Checks should be sent out within 2-3 weeks of notice. If you require any additional documentation or need to speak to me, please feel free to contact me.

Thank you.

Daniela Servin-Garcia

Daniela Servin-Garcia
Scholarship Coordinator
Phone: (630) 942 - 2283
Email: servin-garciad@cod.edu
College of DuPage

**Return Code**

W- Student withdrew
RSD- Remaining Scholarship Dollars
DNE – Did not enroll

Student Information

Tyler Hing - ID#: 1616287

Check Date	Scholarship Name/Donor	Check Amount	Check #
7/15/2021	Carle C. Conway Scholarship Foundation	\$5,697.00	2819
TOTAL:		\$5,697.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
9/20/2021	Fall 2022	\$1,656.00	
2/14/2022	Spring 2022	\$1,363.71	
TOTAL:		\$3,019.71	

Total of payments received:	\$5,697.00
Total of funds paid to student:	\$3,019.71
Difference owed to scholarship donor:	\$2,677.29

CARLE C. CONWAY SCHOLARSHIP FOUNDATION, INC.

95 Alexandra Drive
Stamford, CT 06903-1731
Phone: 203-329-9622
e-mail: Marsha.Colten@gmail.com

July 15, 2021

Director of Financial Aid
College of DuPage
425 Fawell Boulevard
GLEN ELLYN, IL 60137-6599

Subject: Tyler K. Hing
1489 Fairway Drive, #102
NAPERVILLE, IL 60563

Student ID # 6307469906

Scholarship Stipend: \$ 5,697.00

Enclosed is the Carle C. Conway Scholarship award check for credit to the account of the subject student. This check should be credited proportionately to the number of semesters in the full academic year.

Please be advised that our scholarship recipients must matriculate on a full-time basis, be in good academic standing, and be studying towards an undergraduate degree. If the student withdraws at any time during the school year, a proportionate amount of the stipend is to be returned to us.

This stipend covers the cost of tuition, mandatory university fees, books, and on-campus room and board. As grantor we intend that these scholarship funds will be applied first to satisfy any unmet financial need, and secondly to reduce the self-help portion of the student's financial aid and will not reduce any college or university grant. This scholarship stipend is to be used in coordination with any other award(s) the student may be receiving. If the combined amount exceeds the cost of attendance, please reimburse the difference to the Foundation. *The scholarship award and/or difference should not be refunded to the student.* Any scholarship funds not expended for the stated purposes must be returned to the Carle C. Conway Scholarship Foundation.

Please return a signed copy of this letter indicating agreement to the terms stated above for this award.

Sincerely,



Marsha L. Colten
President and Treasurer

Enclosure

cc: International Scholarship and Tuition Services, Inc.
Tyler K. Hing

Acknowledged and agreed

Name and Title (please print)

Signature

Date


CARLE C. CONWAY SCHOLARSHIP FOUNDATION, INC.
95 ALEXANDRA DRIVE
STAMFORD, CT 06903-1731

7/15/2021

PAY TO THE
ORDER OF College Of DuPage

\$**5,697.00

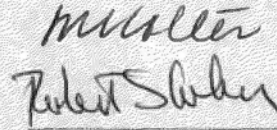
Five Thousand Six Hundred Ninety-Seven Only*****

DOLLARS 

Director of Financial Aid
College Of DuPage
425 Fawell Boulevard
GLEN ELLYN, IL 60137-6599

MEMO

On behalf of Tyler Hing



AUTHORIZED SIGNATURE

⑈002819⑈ ⑆056073573⑆

69605264⑈

CARLE C. CONWAY SCHOLARSHIP FOUNDATION

2819

College Of DuPage
Personal Scholarships

7/15/2021

5,697.00

1616287

Conway E*TRADE

On behalf of Tyler Hing

5,697.00