

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085363
Vendor Name: GFOA
Invoice Number: 3078
Invoice Date: 9/16/2024
PO Number:
Check Number: 0329811
Check Amount: \$ 725.00
Check Date: 09/18/2024
Voucher Number: V0850326
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 2.21, Vendor Payment.

Date: 9/16/24 Vendor ID: 1085363 Vendor Name: Government Finance Officers Association

Payee Address: 203 N. LaSalle St., Ste. 2700 Chicago, IL 60601-1216 Payment Due Date: 10/15/24

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
3078	01-80-00758-5406001	Budget Office: Publications	725.00
Total			\$ 725.00

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:

\$725.00 is the annual budget award application fee we pay to the Government Finance Officers Association

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: Toni Stella

Budget Officer: Toni Stella Digitally signed by Toni Stella Date: 2024.09.16 09:30:48 -05'00' Print Name: Toni Stella

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

Government Finance Officers Association

203 N. LaSalle St., Ste. 2700
Chicago, IL 60601-1216
(312) 977-9700 / Tax ID: 36-2167796

Remit to:

203 N. LaSalle St., Ste. 2700
Chicago, IL 60601-1216

Invoice No. 3078

INVOICE

Sold to:

College of DuPage - Community College District
502, Illinois
Antoinette Stella
stellaa212@cod.edu

Account No.		Order Date			Terms		Invoice Date	
		9/15/2024			Net 30 days		9/15/2024	
Qty Shipped	Item Code	Description				Unit Price	Extended Price	
1	FYB 2024 BAP/D3	Budget Award Application Review Fee FYB 2024				\$725.00	\$725.00	
Line Item Total		Freight	Handling	Other	Tax	Subtotal	Amount Received	Amount Due
\$725.00						\$725.00	\$0.00	\$725.00