

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1736190
Vendor Name: New Buffalo Area Schools Educational Tr
Invoice Number: 1585043
Invoice Date: 9/11/2024
PO Number:
Check Number: 0329827
Check Amount: \$ 2,000.81
Check Date: 09/18/2024
Voucher Number: V0850168
Document Type: AP Invoice

Document Below

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

Check Request - New Buffalo Area Schools Educational Trust

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

Mon, Sep 16, 2024 at 04:23 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 - New Buffalo Area Schools Educational Trust (Krohn).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.

New Buffalo Area Schools Educational Trust

1112 East Clay St.

New Buffalo, MI 49117



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







