

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1736996
Vendor Name: Schaumburg Business Association Charita
Invoice Number: BIERNACKI1545217
Invoice Date: 9/16/2024
PO Number:
Check Number: 0329838
Check Amount: \$ 513.23
Check Date: 09/18/2024
Voucher Number: V0850312
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: _____ 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

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.

Schaumburg Business Association Charitable Foundation

1501 East Woodfield Road, Suite 115N

Schaumburg, IL 60173

Dear Schaumburg Business Association Charitable 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
Biernacki, Grace	XXX-XX-3377	RSD	2019-2020	\$513.23
Total:				\$513.23

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

Grace Biernacki - ID#: 1545217

Check Date	Scholarship Name/Donor	Check Amount	Check #
7/31/2018	SBA Charitable Foundation	\$2,500.00	1010
	TOTAL:	\$2,500.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
10/15/2018	Fall 2018	\$358.60	
2/12/2019	Fall 2019	\$100.50	
9/10/2019	Fall 2019	\$344.10	
2/27/2020	Spring 2020	\$1,183.57	
	TOTAL:	\$1,986.77	

Total of payments received:	\$2,500.00
Total of funds paid to student:	\$1,986.77
Difference owed to scholarship donor:	\$513.23

1010

SBA Charitable Foundation1501 East Woodfield Road, Suite 115N
Schaumburg, IL 60173
(847) 413-1010**SCHAUMBURG BANK**

& TRUST COMPANY, N.A.

A WINTRUST COMMUNITY BANK

70-2619-719

E2ShieldSM Check Fraud
Protection for Business

7/31/2018

PAY TO THE
ORDER OF

Berg Instructional Center

\$ **2,500.00

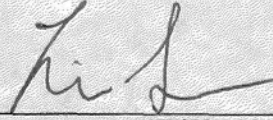
Two Thousand Five Hundred and 00/100*****

DOLLARS

Berg Instructional Center
Room 2424
425 Fawell Blvd
Glen Ellyn, IL 60137

MEMO

Grace Biernacki-1545217



AUTHORIZED SIGNATURE

⑈001010⑈ ⑆071926197⑆ 4200006189⑈

SBA Charitable Foundation

1010

Berg Instructional Center

Date Type Reference
7/31/2018 BillOriginal Amt.
2,500.00Balance Due
2,500.00

7/31/2018

Discount

Payment

2,500.00

Check Amount

2,500.00

Schaumburg Bank & Grace Biernacki-1545217

2,500.00

Security features. Details on back.



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

Check Request - SBA Charitable Foundation

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

Mon, Sep 16, 2024 at 04:40 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

2 attachments

Check Request - SBA Charitable Foundation (Biernacki).pdf

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