

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1517408
Vendor Name: Strategic Cost Control, Inc,Dbal Corpora
Invoice Number: 2505142015
Invoice Date: 8/30/2024
PO Number:
Check Number: 0329843
Check Amount: \$ 950.00
Check Date: 09/18/2024
Voucher Number: V0850216
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

INVOICE

475 Anton Blvd
Costa Mesa, CA 92626
www.corporatecostcontrol.com
Tax ID : 26-3837199

DUE DATE : SEP 29, 2024

DATE: AUG 30, 2024
INVOICE: 2505142015
ACCOUNT: CCC-10287
ACCT EXEC:
TERMS: 30 NET

ATTN: ALMA CAMARENA
BILL TO: College of DuPage
425 Fawell Boulevard
Ellen, IL 60137

INVOICE DESCRIPTION: QUARTERLY BILLING, Sep-2024 to Nov-2024

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REMITTANCE STUB

REMIT TO:
Corporate Cost Control
PO Box 841971
Los Angeles, CA 90084-1971

For Invoice/Collection Inquiries:
(800) 695-4698

AMOUNT: \$950.00
INVOICE: 2505142015
ACCOUNT: CCC-10287
TERMS: 30 NET
DUE DATE: SEP 29, 2024

WIRE TRANSFER DETAILS:
BANK: Wells Fargo
ABA (routing#): 121000248
Acct: 4159403419

Amounts Paid after the due date shall incur interest at the rate of 1.5% per month.

DATE OF PAYMENT : ____/____/____

If payment is for more than one invoice, please provide all invoice #s below :

Amount : \$

THANK YOU FOR YOUR BUSINESS

058000000102870083024000009500000000000000025051420150

"Fay, Marianne" <faym296@cod.edu>

Corporate Cost Control Inv and Ck Request Sept to Nov 2024

"Fay, Marianne" <faym296@cod.edu>

Tue, Sep 10, 2024 at 03:46 PM UTC

CC:

BCC:

Good morning:

Please process the attached.

Thank you,

Marianne

Marianne Fay

Administrative Assistant V – Human Resources

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

2 attachments

Ck request with Invoice for Sept to Nov 2024 signed.pdf

image001.png