

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085312
Vendor Name: Glen Ellyn Chamber of Commerce
Invoice Number: 08262024
Invoice Date: 8/26/2024
PO Number:
Check Number: E0103034
Check Amount: \$ 2,618.00
Check Date: 09/04/2024
Voucher Number: V0845178
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.

"Schultz, Eric" <schultze399@cod.edu>

Refund Check

"Schultz, Eric" <schultze399@cod.edu>

Mon, Aug 26, 2024 at 04:24 PM UTC

CC:

BCC:

Good morning. Please see attached Check Request. This is a refund of over payment from Glen Ellyn Chamber. They pre-paid the entire expense of COD PD and Event Staff for their event Taste of Glen Ellyn. Friday of their event was cut short due to storms and lightning. This refund is the amount from COD PD and our event staff from 8pm to 11pm that night, the event was shut down and everyone was sent home.

Again, the chamber prepaid in full, this is the amount from shutting down early on Friday night.

Thanks much!!!

Eric Schultz

Manager of Conference and Event Services

College of DuPage

Conference and Event Services

425 Fawell Boulevard | BIC 2C06

Glen Ellyn, IL 60137

P: 630.942.3956

F: 630.942.3955

E: schultze399@cod.edu

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately

2 attachments

Check Request Form Refund Glen Ellyn Taste.pdf

image001.png