

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1352670  
Vendor Name: Stanard & Associates  
Invoice Number: SA000059026  
Invoice Date: 8/26/2024  
PO Number:  
Check Number: E0103058  
Check Amount: \$ 495.00  
Check Date: 09/04/2024  
Voucher Number: V0845272  
Document Type: AP Invoice

Document Below



# Invoice

## Stanard & Associates, Inc.

309 West Washington St.  
Suite 1000  
Chicago, IL 60606  
312-553-0213  
<http://www.stanard.com>

Date	Invoice #
8/26/2024	SA000059026

<b>Bill To</b>
College of DuPage Attn: Accounts Payable 425 Fawell Blvd Glen Ellyn, IL 60137

Due Date	P.O. No.	Terms	Project
9/25/2024		Net 30	

Item	Qty	Description	Rate	Options	Amount
Public Safety Entry Level	1	Personality evaluation for entry level selection Isaiah Reyes 8/9/24	495.00		495.00

**Total** \$495.00

*A late payment fee of 3% of the total balance due may be assessed on all invoices not paid prior to the payment due date.*

Stanard & Associates, Inc.

Remittance Slip

Customer	Invoice #
College of DuPage Attn: Accounts Payable 425 Fawell Blvd Glen Ellyn, IL 60137	SA000059026

Amount Paid
\$

Make Checks Payable To
Stanard & Associates, Inc. 309 West Washington St. Suite 1000 Chicago, IL 60606

## 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: 08/27/2024 Vendor ID: 1352670 Vendor Name: Stanard & Associates

Payee Address: 309 West Washington St. Suite1000 Chicago, IL 60606 Payment Due Date: 09/25/2024

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
SA000059026	01-80-00799-5309001	Human Resources Recruitment Other Contractual Services Expenses	495.00
Total			\$ 495.00

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:

Personality evaluation for entry level selection Isaiah Reyes 8/9/24

Other Instructions:

### All requests will require the following approvals:

Requester: Julie Neubauer Digitally signed by Julie Neubauer Date: 2024.08.27 09:29:36 -05'00' Print Name: Julie Neubauer

Budget Officer: Michelle Olson Digitally signed by Michelle Olson Date: 2024.08.27 09:57:55 -05'00' 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](mailto: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.

"Neubauer, Julie" <neubauerj122@cod.edu>

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Stanard & Associates SA000059026

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"Neubauer, Julie" <neubauerj122@cod.edu>

Tue, Aug 27, 2024 at 04:20 PM UTC

CC:

BCC:

Regards,

Julie Neubauer

Administrative Assistant IV

Human Resources

College of Du Page

425 Fawell Blvd.

Glen Ellyn, IL 60137

630.942.2460

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**1 attachment**

