

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1743755

Vendor Name: Kelli Joy OLaughlin Memorial Foundation

Invoice Number: Trevor Owcarz

Invoice Date: 9/11/2024

PO Number:

Check Number: E0103335

Check Amount: \$ 544.04

Check Date: 09/24/2024

Voucher Number: V0850515

Document Type: AP Invoice

Document Below

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

Check Request - Kelli O'Laughlin Memorial Foundation

"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 - Kelli O'Laughlin Memorial Foundation (Owcarz).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.

Kelli Joy O'Laughlin Memorial Foundation

6309 Keokuk Road
Indian Head Park, IL 60525

Dear Kelli Joy O'Laughlin Memorial 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
Owcarz, Trevor	XXX-XX-7524	RSD	Summer 2021	\$544.04
Total:				\$544.04

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

Trevor Owcarz - ID#: 1564630

Check Date	Scholarship Name/Donor	Check Amount	Check #
5/7/2019	Kelli Joy O'Laughlin Memorial Foundation	\$1,500.00	2221
6/18/2020	Kelli Joy O'Laughlin Memorial Foundation	\$1,500.00	2287
	TOTAL:	\$3,000.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
8/19/2019	Fall 2019	\$122.00	
1/21/2020	Spring 2020	\$1,083.80	
5/26/2020	Summer 2020	\$294.20	
2/18/2021	Spring 2021	\$402.62	
6/1/2021	Summer 2021	\$553.34	
	TOTAL:	\$2,455.96	

Total of payments received:	\$3,000.00
Total of funds paid to student:	\$2,455.96
Difference owed to scholarship donor:	\$544.04

2221

Kelli Joy O'Laughlin Memorial Foundation

6309 Keokuk Road
Indian Head Park, IL 60525EZShield™ Check Fraud
Protection for Business

70-2540-719

DATE 5-7-2019

PAY TO THE ORDER OF

College of DuPage

\$ 1500.00

One thousand five hundred & no/100

DOLLARS

Security Features
Detailed on Back

1564630



FOR

Jewell O'wary - scholarship


Brenda O'Laughlin

MP

⑈00222⑈ ⑆071925402⑆ ⑈0450013286⑈

2287

Kelli Joy O'Laughlin Memorial Foundation
6309 Keokuk Road
Indian Head Park, IL 60525

 SECURITY FEATURES
70 2540 719

DATE 6/18/20

College of Du Page

\$ 1500.00

PAY TO THE ORDER OF

One thousand five hundred & no/100

DOLLARS 

Security Features
EMBEDDED IN PAPER

 The
COMMUNITY BANK of
WESTERN SPRINGS
A WENTRUST COMMUNITY BANK

OR Scholarship for Treva Owcars

Brend O'Laughlin

MP

⑈002287⑈ ⑆071925402⑆ ⑈0450013286⑈

#1564630

Dear COD,

Please deposit this into my student account. My student ID number is 1564630 and my name is Trevor Oweary. Please contact me at owearyt@dupage.edu or call 1-630-935-2118 to acknowledge you received the check. Thank you!

Sincerely,

Trevor Oweary