

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1695786
Vendor Name: DBG AURORA, LLC DBA CD Wholesale
Invoice Number: 005716
Invoice Date: 12/16/2024
PO Number:
Check Number: 0333529
Check Amount: \$ 458.49
Check Date: 01/07/2025
Voucher Number: V0864189
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: 12/16/2024 Vendor ID: 1695786 Vendor Name: CD Wholesale
 Payee Address: 3400 Bloomingdale Ave, Melrose Park, IL 60160 Payment Due Date: 1/4/25

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
005716	01-30-12001-5409006	Athl Nat'L Travel: Athletic Other Supplies	458.49
Total			\$ 458.49

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:

Flowers for the National Championship flowers.

Other Instructions:

All requests will require the following approvals:

Requester:  Print Name: Ryan Kaiser

Budget Officer:  Print Name: Ryan Kaiser

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



CD Wholesale - Aurora
620 N Highland Ave.
Aurora, IL 60506
Phone (630) 340-3605

Email kolleen@cdwholesale.com

Invoice #	005716
Invoice Date	12/04/2024
Amount	\$458.49
PO #	Athletic Department
Terms	COD
Payment Method	
Sales Rep	Andrea Carroll
Account Number	617863
Way Bill / Ref #	

Bill To
College of Dupage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-4242

Ship To
College of Dupage
425 Fawell Blvd.
Glen Ellyn, IL 60137

Carrier
Will Call

Units

Mark Code	Description	Unit type	Total Units	Unit Price	Amount
	Christmas Greens White Pine Bale	Stem	1	\$35.990	\$35.99
	Greens Leatherleaf Fern	Bunch	10	\$4.750	\$47.50
	Roses Red Freedom 70 Cm	Stem	300	\$1.250	\$375.00

Total Boxes	0	Inv. Subtotal	\$458.49
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Total Tax	\$0.00
Inv. Total	\$458.49

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Thu, Dec 19, 2024 at 05:52 PM UTC

CC:

BCC:

1 attachment

4330_001.pdf