

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1710600
Vendor Name: Banson NYC LLC
Invoice Number: 003
Invoice Date: 1/10/2025
PO Number:
Check Number: 0333611
Check Amount: \$ 2,700.00
Check Date: 01/14/2025
Voucher Number: V0864942
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

BANSON NYC

real-life tours through your dream career

From/please make payment to:

Banson NYC
401 Hillside Place
South Orange, NJ 07079

INVOICE

DATE: JANUARY 10, 2025
INVOICE #: 003

BILL TO:

College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Attn: Maren McKellin

FOR:

Banson NYC Fashion Study Tour
(May 28, 2025 – May 30, 2025)

DESCRIPTION	HOURS	RATE	AMOUNT
8 students at \$675.00 per student			\$5,400.00
1 advisor at no charge			\$0.0
DEPOSIT DUE BY 2/15/25:			\$2,700.00
FINAL PAYMENT DUE BY 4/15/25:			\$2,700.00

"McKellin, Maren" <mckellin@cod.edu>

Check Request - Banson NYC

"McKellin, Maren" <mckellin@cod.edu>

Fri, Jan 10, 2025 at 01:28 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU Fashion NY Banson1.pdf