

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1736196  
Vendor Name: Plymouth Place Inc  
Invoice Number: 01102025  
Invoice Date: 1/13/2025  
PO Number:  
Check Number: 0333838  
Check Amount: \$ 1,230.00  
Check Date: 01/22/2025  
Voucher Number: V0865666  
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
<b>Total</b>			<b>\$</b>

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](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.

Plymouth Place Inc  
315 North LaGrange Road  
LaGrange, IL 60526

Dear Plymouth Place Inc,

The college will be sending a check for unused scholarship funds for the following student(s):

Name	Social Security Number	Return Code	Term	Amount
Gadberry, Shavonne	XXX-XX-0903	DNE	Fall 2024	\$1,230.00
Total:				\$1,230.00

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 3-4 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](mailto:servin-garciad@cod.edu)  
College of DuPage



**Return Code**

W- Student withdrew  
RSD- Remaining Scholarship Dollars  
DNE – Did not enroll

### Student Information

Jshavonne Gadberry- ID#: 1525174

Check Date	Scholarship Name/Donor	Check Amount	Check #
3/25/2024	Plymout Place inc	\$1,230.00	107602
TOTAL:		\$1,230.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
TOTAL:		\$0.00	

Total of payments received:	\$1,230.00
Total of funds paid to student:	\$0.00
Difference owed to scholarship donor:	\$1,230.00

**PLYMOUTH PLACE, INC.**

315 North La Grange Road  
La Grange Park, IL 60526  
(708) 354-0340

FIFTH THIRD BANK 70-2390/719

107602

3/25/2024

PAY TO THE  
ORDER OF

One Thousand Two Hundred Thirty And 00/100\*\*\*\*\*

\$ 1,230.00

DOLLARS

MEMO

College of DuPage  
Financial Aid Office  
425 Fawell Blvd  
Glen Ellyn IL 60137  
United States

Tuition For Student Shavonne Gadberry - 1525174

VOID AFTER 90 DAYS

  
AUTHORIZED SIGNATURE MP

⑈ 107602⑈ ⑆ 071923909⑆ 3500034268⑈

PLYMOUTH PLACE, INC.

107602

VEND1167 College of DuPage

Date	Invoice	Description	Amount
3/14/2024	03142024	Tuition For Student Shavonne Gadberry - 1525174	\$1,230.00

Tuition For Student Shavonne  
Gadberry - 1525174

**Total:\$1,230.00**

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

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**Check Request - Plymouth Place Inc**

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

Mon, Jan 13, 2025 at 04:02 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](mailto:servin-garciad@cod.edu)

*We are moving! Please visit financial aid in the Enrollment Center in SSC 2280 after October 8, 2024.*

**Mail Scholarship Checks to:**

College of DuPage

Attn: Daniela Servin-Garcia

Student Services Center (SSC) Room 2280

425 Fawell Blvd

Glen Ellyn, IL 60137

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**2 attachments**

Check Request - Plymouth Place Inc (Gadberry).pdf

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