

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1642838
Vendor Name: A la Carte LLC
Invoice Number: 1234
Invoice Date: 1/9/2025
PO Number:
Check Number: E0105293
Check Amount: \$ 29,371.67
Check Date: 01/22/2025
Voucher Number: V0865244
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

INVOICE

Get Away à la Carte

12454 Rosehill St

Overland Park, KS 66213-4895

kathy@getawayalacarte.com

College of Dupage

Bill to

Maren Mckellin

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

Invoice details

Invoice no.: 1234

Terms: Per Agreement

Invoice date: 01/07/2025

Due date: 01/15/2025

Description	Amount
	\$29,371.67
\$89,250. 2024 France Field Study trip cost for 17 students at \$5,250 each	\$29,371.67
\$700 Single Supplement for Diane Corcoran	
\$700 Single Supplement for Janice Grevis	
\$700 Single Supplement for Janice Schuler	
\$890 Flight Upgrade for Diane Corcoran	
\$875 Flight Upgrade for Janice Grevis	

\$93,115 Total Due	
-\$5,000.00 Deposit (paid 11/27/2024)	

\$88,115 Balance Due	
Interim Payment #1 paid 12/13/2024: \$29,371.67	
Interim Payment #2 due 1/15/2025: \$29,371.67	
Anticipated Final Payment due 2/14/2025: \$29,371.66	

Ways to pay

Total\$29,371.67

BANK

View and pay

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

A la Carte Payment

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

Fri, Jan 10, 2025 at 08:33 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU France Culinary a la Carte 3.pdf