

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1205687

**Vendor Name:** State of IL - Dept of Agriculture

**Check Details:**

**Check Number:** 0336694

**Check Amount:** \$ 360.00

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** LICENSES-2025

**Invoice Date:** 3/5/2025

**PO Number:** NULL

**Voucher Number:** V0875339

**Document Type:** AP Invoice

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**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: 03/05/2025 Vendor ID: 1205687 Vendor Name: STATE IL - DEPT AGRICULTURE  
Payee Address: PO BOX 19281 Springfield IL 62794-9281 Payment Due Date: 3/31/25

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
see attached	01-10-00077-54101002	Ed/Instr	360.00
Total			\$ 360.00

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:

Commercial Not For Hire Applicator Pest Control License Amy C Hull  
Commercial Not For Hire Applicator Pest Control License Martin D Bartz  
Commercial Not For Hire Applicator Pest Control License J A Gimondo

Other Instructions:

### All requests will require the following approvals:

Requester: Amy Hull Digitally signed by Amy Hull Date: 2025.03.05 12:37:35 -06'00' Print Name: Amy C Hull  
Budget Officer: Kaushal, Janice Digitally signed by Kaushal, Janice Date: 2025.03.05 16:05:11 -06'00' 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.

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**2025, 2026 & 2027 Pest Control License Application**  
**(3 Year) COMMERCIAL NOT-FOR-HIRE**

COMMERCIAL NOT-FOR-HIRE APPLICATOR  
Employer USAPlants ID: 000WBT  
Employee USAPlants ID: 0026DL / PIN: 28930  
100 116

MARTIN D BARTZ  
COLLEGE OF DUPAGE  
425 E FAWELL BLVD  
GLEN ELLYN IL 60137

Mail application and appropriate fee payable to:

**Illinois Department of Agriculture**  
**Bureau of Environmental Programs**  
**P.O. Box 19281**  
**Springfield, IL 62794-9281**  
(217) 785-2427 -- TDD # (866) 287-2999

Was test taken online? YES ☒ NO ☐

**Instructions** (for additional instructions, please see reverse side):

1. Failure to return this completed application will require the applicant to retake all examinations required for certification pursuant to 415 ILCS 60/9.
2. Please print clearly. Failure to complete all the information required shall prevent this form from being processed.
3. If corrections are necessary, please make them on or adjacent to the address noted above.
4. Please retain a copy of this form and your check as a receipt for your records.
5. Please mail the completed application along with the appropriate fee to the address indicated.
6. Please allow 15 to 20 working days for this form to be processed.

**License Type** (check one):

(All checks must be made payable to the **ILLINOIS DEPARTMENT OF AGRICULTURE**.)

- ☒ Commercial not-for-Hire Applicator License (Fee -- \$120 for 3 year period)  
☐ Commercial not-for-Hire Operator License (Fee -- \$90 for 3 year period)

The above individual is a resident of the state of: IL

**For Office Use Only:**

**Applicator Designation:** (If requesting an operator license, you must identify your immediate supervisor who holds a valid applicator license before this form can be processed.)

Applicator Name: \_\_\_\_\_ Last 4 digits of Applicator Social Security #: \_\_\_\_\_

**Required Certifications:** (FAILURE to check one of the boxes below may result in the application not being processed.)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following:

Are you more than 30 days delinquent in complying with a child support order?

YES ☐ NO ☒

(NOTE: if you are not subject to child support order, answer "NO")

Failure to so certify may result in denial of the application/renewal request and making a false statement may subject the licensee to contempt of court (5 ILCS 100/10-65[c]).

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: MB Date: 3/3/25

This agency is requesting disclosure of information that is necessary to accomplish the statutory purposes as outlined under 415 ILCS 60/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the Illinois Department of Agriculture.

**For Office Use Only:**

Check #:	RC - 505 \$	RC - \$
Amount: \$	RC - 506 \$	RC - \$

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**2025, 2026 & 2027 Pest Control License Application**  
**(3 Year) COMMERCIAL NOT-FOR-HIRE**

COMMERCIAL NOT-FOR-HIRE APPLICATOR  
Employer USAPlants ID: 000WBT  
Employee USAPlants ID: 005TS5 / PIN: 118411  
100 115

J A GIMONDO  
COLLEGE OF DUPAGE  
425 E FAWELL BLVD  
GLEN ELLYN IL 60137

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Signature: Austin Jimondo Date: March 2, 2025

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**For Office Use Only:**

Check #:	RC - 505 \$	RC - \$
Amount: \$	RC - 506 \$	RC - \$

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**2025, 2026 & 2027 Pest Control License Application**  
**(3 Year) COMMERCIAL NOT-FOR-HIRE**

COMMERCIAL NOT-FOR-HIRE APPLICATOR  
Employer USAPlants ID: 000WBT  
Employee USAPlants ID: 002FQH / PIN: 35104  
100 116

AMY C HULL  
COLLEGE OF DUPAGE  
425 E FAWELL BLVD  
GLEN ELLYN IL 60137

Mail application and appropriate fee payable to:

**Illinois Department of Agriculture**  
**Bureau of Environmental Programs**  
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2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

Signature: Amy C Hull Date: 3/3/25

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**For Office Use Only:**

Check #:	RC - 505 \$	RC - \$
Amount: \$	RC - 506 \$	RC - \$

**"Barrios, Isabel"** <barriosi142@cod.edu>

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**Attached Image**

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**"Barrios, Isabel"** <barriosi142@cod.edu>

Mon, Mar 10, 2025 at 02:23 PM UTC

CC:

BCC:

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**1 attachment**

2282\_001.pdf