

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1517408

**Vendor Name:** Strategic Cost Control, Inc,Db a Corporate Cost Control

**Check Details:**

**Check Number:** 0340434

**Check Amount:** \$ 950.00

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 2602117014

**Invoice Date:** 5/27/2025

**PO Number:** NULL

**Voucher Number:** V0889486

**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: \_\_\_\_\_ 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)**



DATE: MAY 27, 2025  
INVOICE: 2602117014  
ACCOUNT: CCC-10287  
ACCT EXEC:  
TERMS: 30 NET

Page 1 of 1

For Product Inquiries: Please contact your Account Executive  
For Invoice/Collection Inquiries: (800) 695-4698

058000000102870052725000009500000000000000026021170140

"Fay, Marianne" <faym296@cod.edu>

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**For processing**

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"Fay, Marianne" <faym296@cod.edu>

Wed, Jun 4, 2025 at 08:14 PM UTC

CC:

BCC:

Good afternoon:

Please process the attached for payment.

Thank you,

Marianne

**Marianne Fay**

**Department Administrative Assistant – Human Resources**

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

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**2 attachments**

Check request and Invoice dated May 27 2025.pdf

image001.png