

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1209618 **Vendor Name:** Adjuncts Association COD/CODAA, IEA-NEA

**Check Details:**

**Check Number:** 0346330 **Check Amount:** \$ 10,000.00 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** AY2025-2026 **Invoice Date:** 10/29/2025 **PO Number:** NULL **Voucher Number:** V0912762

**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
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](mailto:invoicing@cod.edu)**



{ COLLEGE OF DUPAGE } IEA/NEA  
{ ADJUNCTS ASSOCIATION }

TO: Alma Camarena, Dir of Human Resources

FROM: Susan M Purcell, CODAA President

RE: CODAA Contract, Section V, subsection C

DATE: October 28, 2025

Per the CODAA Contract, Section V, Subsection C: Union Support

At the beginning of each Fall Term CODAA will receive \$10,000 per academic year to be allocated according to the wishes of CODAA to be distributed to the officers of CODAA.

CODAA is requesting our Union Support funds for the 2025/2026 academic year. Please process our request as soon as possible and send an email when the check is ready for pick up.

Thank you for your consideration and action.

A handwritten signature in black ink, reading "Susan M Purcell". The signature is written in a cursive, flowing style.

Susan M Purcell, PhD

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

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**CODAA Union Support Check for processing**

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

Wed, Oct 29, 2025 at 02:43 PM UTC

CC: Sekerka, Joyce <sekerkaj@cod.edu>

BCC:

Good morning:

Please process the attached and give check to Alma, she will distribute.

Thanks, and enjoy your day,

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**

Signed Ck Request with Funding Letter.pdf

image001.png