

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1494104 **Vendor Name:** Kennicott Brothers Co.

**Check Details:**

**Check Number:** 0346361 **Check Amount:** \$ 261.51 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** 600277648 **Invoice Date:** 10/21/2025 **PO Number:** P0020006 **Voucher Number:** V0913363

**Document Type:** AP Invoice

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**Document Below**

# KENNICOTT

EST 1881

3730 V 131st Street Alsip, IL 60803 708-371-8000



Trans #: 600277648

**Ship To :**

college of dupage  
glen ellen, il 60137

**Bill To :**

+16308582800

COLLEGE OF DUPAGE, C1759  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

## Invoice

Invoice	Date	Order	Sold By	Customer P/O	Ship Via
600277648	10/21/2025		Robert Krause	P0020006 Horticulture Club	Northwest Run

Shipped	Item	Description	Price	Amount
400	18005075	Carnation Red Fancy	\$ 0.52	\$208.00
	60-Energy Surcharge			\$6.04

OK to pay  
P0020006  
Horticulture Club  
\$214.04  
Amy Hull

**Terms:** Net 30

Return Policy: Notice must be given within 24 hours to salesperson and merchandise must be returned within 48 hours. No credit will be issued for product not returned along with and invoice number. Returned supply merchandise is subject to a 20% restocking charge.

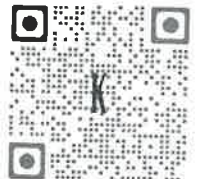
Finance Charge: 2% on any balance not paid within your established account terms.

Returned Checks are subject to a \$50.00 NSF fee

**We appreciate your business! Thank you for your purchase.**

**Invoice Total:** \$214.04

  
Customer Signature



**"Hull, Amy"** <hullamy@cod.edu>

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**ok to pay P002006 Horticulture Club, Kennicott's**

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**"Hull, Amy"** <hullamy@cod.edu>

Tue, Oct 21, 2025 at 05:12 PM UTC

CC: Gonzalez, Gabriel <gonzalezg147@cod.edu>

BCC:

The attached invoice #600277648 is ok to pay P002006, Horticulture Club. Thank you, Amy Hull

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**From:** Hull, Amy <hullamy@cod.edu>  
**Sent:** Tuesday, October 21, 2025 12:07 PM  
**To:** Hull, Amy <hullamy@cod.edu>  
**Subject:** Attached Image

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**1 attachment**

4256\_001.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1494104 **Vendor Name:** Kennicott Brothers Co.

**Check Details:**

**Check Number:** 0346361 **Check Amount:** \$ 261.51 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** 200383454 **Invoice Date:** 11/1/2025 **PO Number:** NULL  
**Voucher Number:** V0913229

**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)**

# 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.



Invoice #: 200383454

3730 W. 13<sup>th</sup> Street  
Alsip IL 60803  
United States

Customer: C1759

## Invoice

**Ship To**  
COLLEGE OF DUPAGE  
(630) 858-2800  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
US

**Bill To**

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
US

Invoice	Date	Order	Sold By	Customer P/O	Ship Via
200383454	10/20/2025	SO10131471	6076 Stadt, Jane	HORTICULTURE CLUB	NW RUN

Quantity	Item	Description	Base Price	Price	Amount
1	045744001807	10-00180 - Advantage Plus Floral Foam, 9x4x3", 48	\$51.25	\$46.13	\$46.13
1	Energy Surcharge				\$1.34

<b>Shipping Instructions:</b>	<b>Gross Total</b>	<b>\$52.59</b>
<b>Terms: Net 30</b>	<b>Discount Applied:</b>	<b>(\$5.12)</b>
	<b>Shipping Total:</b>	<b>\$0.00</b>
	<b>Tax Total:</b>	<b>\$0.00</b>
	<b>Total Due:</b>	<b>\$47.47</b>

Return Policy: Customer must notify their Kennicott salesperson within 24 hours of merchandise receipt and merchandise must be returned within 48 hours of receipt. Credit will not be issued if merchandise is not accompanied by a valid invoice number. Returned supply merchandise will subject to a 20% restocking charge.

Service Charge: 2% on any balance not paid within your established account terms. Returned Checks are subject to a \$50.00 NSF fee

Pay your invoice online by visiting [www.kennicott.com](http://www.kennicott.com)  
We appreciate your business! Thank you for your purchase.

  
Customer Signature



OK to pay  
HORTICULTURE CLUB  
\$ 47.47  
Amethyst

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

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**check request**

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"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Thu, Nov 6, 2025 at 05:13 PM UTC

CC:

BCC:

## Jacqueline Rangel

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1114 | [rangelj7781@cod.edu](mailto:rangelj7781@cod.edu)

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**1 attachment**

Check Request Hort 47.47 CS .pdf