

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1089506 **Vendor Name:** Stonehearth Open Learning

Check Details:

Check Number: 0347238 **Check Amount:** \$ 800.00 **Check Date:** 12/16/2025

Invoice Details:

Invoice Number: 120425.6 **Invoice Date:** 12/4/2025 **PO Number:** NULL
Voucher Number: V0916757

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

Stonehearth Open Learning
Opportunities Inc
621 Tasker Hill Rd
Conway, NH 03818-5218

quickbooks@soloschools.com
+1 (603) 447-6711



Bill to

College of DuPage
Field & Experiential Learning
425 Falwell Blvd.
Glen Ellyn, IL 60137
Attn: Gib Egge

Ship to

College of DuPage
Field & Experiential Learning
425 Falwell Blvd.
Glen Ellyn, IL 60137
Attn: Gib Egge

Invoice details

Invoice no.: 120425.6
Terms: UPON RECEIPT
Invoice date: 12/04/2025
Due date: 01/06/2026

P.O. Number: Deposit

Course No.: 13521

#	Product or service	Description	Qty	Rate	Amount
1.	04. WFA	WFA&CPR 03/07-08/25	1	\$800.00	\$800.00

Total **\$800.00**

Ways to pay



Deposit is due within 60 days of course date.

Note to customer

New Mailing Address
621 Tasker Hill Road
Conway, NH 03818

[View and pay](#)

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

Check Request -SOLO

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

Mon, Dec 15, 2025 at 02:25 PM UTC

CC: Egge, Gib <eggegi@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2026SP SOLO WFA Deposit.pdf