

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0239308

Vendor Name: Ms Anjali Agarwal

Invoice Number: 072518

Invoice Date: 07/25/18

PO Number:

Check Number: 0237829

Check Amount: \$ 300.00

Check Date: 08/15/2018

Department ID: 02737

Reviewer Name:

Voucher Number: V0522074

Redaction Type: FERPA

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable  
Check Request Form  
revised 3/27/17

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 7/25/2018  
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrp.	Amount
72518		06	10	02737	5309001	Other Contractual Services Exp	\$ 300.00
Grand Total							\$ 300.00

## AP VERIFIED

07/30/18 - MARIA ZERRUDO

Check the appropriate box below and sign:

☒ I, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. I request monthly payment to be applied at this time.

☐ I, 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.

Payee Name:  Other Instructions:

Payee Address:

Description on Check: GenCyber Teacher

**Approvals:**

Prepared By: Yvonne Bedford Approved By: Daniel Deasy Date: 7/25/18

Signature: Yvonne Bedford Signature: [Signature]

Payment Due: A.S.A.P. Approved By:  Date:

Board Approved Date:  Signature:

Approved By Division VP:  Date:


Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

## GenCyber Teacher Camp Acceptance Form

I agree to participate in COD GenCyber 2018 Teacher Camp, a project funded by the National Security Agency and the National Science Foundation. I understand that as a participant I will receive training related to cybersecurity through various interactions as well as engage with other teachers on pedagogical strategies related to teaching cybersecurity. I also understand and agree to the following:

- I will receive a stipend of \$300 and I am responsible for the applicable taxes
- I will receive a backpack, shirt and water bottle
- I will receive a Chromebook
- Continental breakfast, snack and lunch will be served every day, however I understand that special dietary requests cannot be accommodated
- I plan on teaching one unit (approx. a few hours) of either week of the student camp
- I plan on working with other teacher camp participants to develop lessons and curriculum for classroom use
- I plan on integrating cyber security and other strategies into my classroom activities for 2018-2019
- I understand I am required to participate in evaluation and follow-up documentation such as an assessment, surveys and reflections.



**JUL 25 2018**