

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1553849

Vendor Name: Northwestern Memorial Foundati

Invoice Number: 070218

Invoice Date: 07/02/18

PO Number:

Check Number: 0238076

Check Amount: \$ 1,250.00

Check Date: 08/15/2018

Department ID: 98628

Reviewer Name:

Voucher Number: V0521369

Redaction Type: FERPA

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

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: 7/2/2018
Vendor ID: 1553849

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	98628	2900024	Agency Scholarships	\$ 1,250.00

Grand Total

\$ 1,250.00

--- \$1,000 and Greater Approval of Division Vice President Required ---

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. 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.

Payee Name: Northwestern Memorial Fund

Other
Instructions:

Payee Address: 211 E Ontario St, STE 1800, Chicago,
IL 60611

Description on Check:

Unused funds: [REDACTED]

Approvals:

Prepared By: Diana Christopher

Approved By:

Date:

Signature: _____

Signature: _____

Payment Due: _____

Approved By: _____

Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division V: _____

Date: _____

Signature: _____

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

Ellucian Colleague UI

File Options Help Keep Context

AIDE - Award Detail Entry

2017 N/A

Dep	COA	FC	Need	UCost	UNeed	Awarded	1,250.00
CB <input type="checkbox"/>	<input type="text"/>	3,549	<input type="text"/>	<input type="text"/>	<input type="text"/>	Accepted	1,250.00
Inst <input type="checkbox"/>	<input type="text"/>	3,549	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pell <input type="checkbox"/>	<input type="text"/>	3,549	Pell Ent 0 0 0 0		9/11 Vet Dep <input type="checkbox"/>	LEU	199.981

Award	Description	Amount	Act	Date	A/R-Cred	CWS-Earn
1 ANORW	Northwestern Medicine	1,250.00	*	06/29/17	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Award ANORW <input type="text"/>		\$0.00				

Award Period	Orig Amount	Act	Date	ROF	AtP Cr	FA RG Cr	TIV Cr	AtP En	Exp Res	Act Res	Exp Hsg	Act Hsg
1 2017FA	0.00	D	10/16/17	<input type="text"/>	12.00	<input type="text"/>	<input type="text"/>	F	INDI <input type="text"/>	INDI	<input type="text"/>	No
2 2018SP	1,250.00	A	07/03/18	<input type="text"/>	12.00	<input type="text"/>	<input type="text"/>	F	INDI <input type="text"/>	INDI	<input type="text"/>	No
3 2018SU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12.00	<input type="text"/>	<input type="text"/>	F	INDI <input type="text"/>	INDI	<input type="text"/>	No
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AtP <input type="checkbox"/>	NASU <input type="checkbox"/>	Pkg <input type="checkbox"/>	Awards <input type="checkbox"/>	Cmnt <input checked="" type="checkbox"/>	Oth <input type="checkbox"/>	CORE <input type="checkbox"/>	Acad <input type="checkbox"/>					

Element Award Period Info

List 7/7

Value 2/3



NORTHWESTERN MEMORIAL HEALTHCARE
541 N. Fairbanks Ct., 16th Floor
Chicago, Illinois 60611

PAGE: 1 of 1

DATE: June 13, 2017
TRACE NUMBER: 5546621168001
CHECK NUMBER: 168001
AMOUNT PAID: \$1,250.00

312-926-2033



00014 CKS LB 17113 - 000016001 YNNNNNNNNNN 1635100006703 X375A1 C
COLLEGE OF DUPAGE
425 FAWELL BLVD.
GLEN ELLYN IL 60137



VENDOR NO: 0000030153

INVOICE NO	INVOICE DATE	VOUCHER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	06/07/17	00294964	\$1,250.00	\$0.00	\$1,250.00
TOTALS			\$1,250.00	\$0.00	\$1,250.00

PLEASE DETACH BEFORE DEPOSITING CHECK



Northwestern
Medicine

NORTHWESTERN MEMORIAL HEALTHCARE
541 N. Fairbanks Ct., 16th Floor
Chicago, Illinois 60611

CHECK
NUMBER 168001

2-1
710

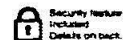
June 13, 2017

PAY COLLEGE OF DUPAGE
TO THE 425 FAWELL BLVD.
ORDER OF: GLEN ELLYN, IL 60137

CHECK AMOUNT

\$1,250.00

EXACTLY *****1,250 DOLLARS AND 00 CENTS



JPMorgan Chase Bank, N.A.
Chicago, Illinois

John A. Desme

⑈ 168001 ⑈ ⑈ 071000013⑈

5546621⑈

Ellucian Colleague UI

File Options Help

Keep Context Open ▾

✓ Save

✓ Save All

✗ Cancel

✗ Cancel All

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2017 N/A

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Inst <input type="text"/>	<input type="text"/>	3,549	<input type="text"/>	<input type="text"/>	<input type="text"/>	Accepted <input type="text"/>
Pell <input type="text"/>	<input type="text"/>	3,549	Pell Ent <input type="text"/>	<input type="text"/>	9/11 Vet Dep <input type="text"/>	LEU <input type="text"/>
			0.000	199.981		

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4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Award ANORW \$0.00

Award Period	Orig Amount	Act	Date	ROF	AtP Cr	FA RG Cr	TIV Cr	AtP En	Exp Res	Act Res	Exp Hsg	Act Hsg
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2 2018SP <input type="text"/>	0.00	D	03/07/18 <input type="text"/>	<input type="text"/>	12.00	<input type="text"/>	<input type="text"/>	F	INDI <input type="text"/>	INDI	<input type="text"/>	No
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5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AtP NASU Pkg Awards Cmnt ☒ Oth CORE Acad