

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1517408
Vendor Name: Strategic Cost Control, Inc
Invoice Number: 64655
Invoice Date: 08/02/18
PO Number:
Check Number: 0238167
Check Amount: \$ 800.00
Check Date: 08/15/2018
Department ID: 00835
Reviewer Name:
Voucher Number: V0522556
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: duffeym@cod.edu
Sent: Tue Aug 07 10:12:07 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Quarterly Fee for Corporate Cost Control

Good morning, Attached please find our quarterly invoice from Corporate Cost Control, our Unemployment vendor. Please process accordingly -- the due date is 9/1/2018. If you have any questions, or if you need any further information from me, please let me know. Thank you, Mary Jo Duffey Human Resources College of DuPage 425 Fawell Blvd. Glen Ellyn, IL 60137 duffeym@cod.edu Phone: 630-942-2051

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[attachment: Scanned from a Xerox Multifunction Printer.pdf]

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: 8/7/2018
Vendor ID: 1517408

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
64655		01	90	00835	5204001	Unemployment Insurance Exps	\$ 800.00

Grand Total \$ 800.00

AP VERIFIED

Check the appropriate box below and sign

- ☒ 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.

Payee Name: Corporate Cost Control

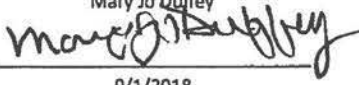
Other
Instructions: _____

Payee Address: P.O. Box 1180, 50 Nashua Road
Londonderry, NH 03053

Description on Check:

Quarterly fee for Unemployment Compensation Management Services

Approvals:

Prepared By: Mary Jo Duffey
Signature: 
Payment Due: 9/1/2018
Board Approved Date: _____

Approved By:  Date: 8/7/18
Signature:  Date: 8/7/18
Approved By Division VP: Mia Igarto Date: _____
Signature: _____

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

Corporate Cost Control
P.O. Box 1180
Londonderry, NH 03053
(603) 845-1326
sgoodwin@corporategostcontrol.com



INVOICE

RECEIVED

BILL TO
College of DuPage
Alex Farooq
425 Fawell Boulevard
Glen Ellen, IL 60137

AUG 02 2018

INVOICE # 64655
DATE 08/02/2018
DUE DATE 09/01/2018

HUMAN RESOURCES

ACTIVITY

Services
Quarterly Fee for Unemployment
Compensation Management Services

AP VERIFIED

QTY

RATE

08/07/18 - MARIA ZERRUDO

AMOUNT

800.00


Billing period begins on the due date of this invoice.

BALANCE DUE

\$800.00

OK to pay
AWF

Approved


Mia Igyarto