

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1247985

Vendor Name: Yuliana Bazaldua

Invoice Number: 092018

Invoice Date: 09/20/18

PO Number:

Check Number: 0241539

Check Amount: \$ 50.00

Check Date: 10/17/2018

Department ID: 02637

Reviewer Name:

Voucher Number: V0530386

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

FY Perkins
19

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: 9/20/2018
Vendor ID: [REDACTED]

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	Perkins Grant 2.k.2	06	10	02637	5309002		\$ 50.00

AP VERIFIED
10/08/18 - MARIA ZERRUDO

Grand Total \$ 50.00

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: [REDACTED]

Other Instructions: Please call Marsha x3370 when check is ready. She will pick up.
THANK YOU

Payee Address: [REDACTED]

Description on Check:

Panelist and Activity helper for Women in STEM Career Panel on Friday, October 19, 2018.

Approvals:

Prepared By: Marsha Metcalf
Signature: [Signature]
Payment Due: (need for Fri. 10/19/18 please)
Board Approved Date: [REDACTED]

Approved By: Laurie Jorgensen, Marketing Director
Signature: [Signature]
Approved By: LISA STROCK
Signature: [Signature]
Approved By Division VP: [REDACTED]
Signature: [REDACTED]

Date: 9-26-18
Date: 9/27/18
Date: 10/2/18

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

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0.034

Metcalf, Marsha

From: Refakes, Eugene
Sent: Tuesday, January 02, 2018 11:21 PM
To: Spaniol, Sara
Cc: Jorgensen, Laurette; Metcalf, Marsha
Subject: RE: honorarium follow up
Attachments: Individual Vendor Form.pdf; CHECK REQUEST FORM.xlsx

Sara,

Prepare the following:

- Check request form (see attached) with approvals. Attach to the form a letter of justification explaining the dates and purpose of the activity for which the honorarium is being made. This should be forwarded to Accounts Payable.
- Individual Vendor Intake form (see attached). This is necessary to set the recipient up as a vendor for accounts payable processing. This should be forwarded to Purchasing. (Note that the recipient must complete a W-9 form.)
- Make sure you use the correct object, 5309002, for Honorarium Services when completing the expense portion of the Check Request. You may have to contact the Budget Office if there is not currently budget funds in this account for your department.

Also, keep in mind that to be a honorarium, the activity must pass the following determination.

Determination of Honorarium Payment:

- Is the individual a business, corporation or partnership? **N**
- 2. Was the payment amount negotiated between the University and the Individual? **N**
- 3. Is there a contractual agreement? **N**
- 4. Are the individual's services provided more than one time? **N**
- 5. Is the individual an employee or student employee? **N**
- 6. Did the individual set the price? **N**
- If you have answered "yes" to any of the above questions the payment **does not qualify** as an honorarium.

We can have a check ready in advance.

Thanks,

Eugene Refakes

Manager, Financial Operations and Systems

Administrative Affairs

College of DuPage

Phone | (630)942-3263 | E-Mail | refakese@cod.edu

From: Spaniol, Sara
Sent: Wednesday, December 20, 2017 10:02 AM
To: Refakes, Eugene <refakese@cod.edu>
Cc: Jorgensen, Laurette <jorgensenl@cod.edu>; Metcalf, Marsha <metcalf@cod.edu>
Subject: RE: honorarium follow up

Women in STEM Career Day

Please note: this event is *exclusively* for high school freshman and sophomore girls and has a max. attendance of 200 students. Register early to guarantee your spot!

Women in STEM Career Day

Friday, October 19, 2018

This event is designed to celebrate women in STEM careers and will provide high school freshmen and sophomore girls with the opportunity to interact with positive role models and participate in hands-on activities in order to encourage more women to have positive experiences with STEM and to pursue STEM careers. The event will include hands-on sessions, career panel group discussions with women in the STEM fields, and a tour of our STEM facilities.

The deadline to register for this event is Friday, October 5, 2018 or until the event is FULL.

Tentative Agenda

Friday, October 19, 2018

- 8:00 a.m. Check-in
- 8:30 a.m. Welcome
- 8:45 a.m. Tour of STEM facilities, Activity Rotations
- 10:15 a.m. Career Panel
- 11:15 a.m. Lunch and Career Inventory
- 11:45 a.m. Activity Rotations, Tour of STEM facilities
- 1:15 p.m. Evaluations and Closing Remarks

Panelists



Activities

Activity rotations will focus on Prairie Restoration, Anatomy and Physiology, Chemistry, and Engineering/Math.

Parking Information

Students can be dropped off at the SRC entrance at Door #1. Buses will need to park in Lot 6. View the map.

Terms and Conditions

By registering for this event, you certify that you understand and agree to follow the following guidelines:

- the students you are bringing to the event are current high school freshman or sophomore females.
- Each student will have a photo release form, signed in advance by a parent/guardian, to turn in upon check-in.

(Download our photo release form).

Register Now

***Required**

Please make sure your internet browser is up-to-date. Preferred browsers include Firefox and Chrome. Microsoft Internet Explorer is not recommended.

***Teacher First Name**

***Teacher Last Name**

***School**

Note: If your school is not listed, we unfortunately cannot accept your registration at this time as this event is only for high school teachers within the College of DuPage district.

***Phone**

***Email Address**

***How many students do you plan to bring to this event? (closest estimate)**

***Have you or your students participated in previous COD STEM events?**

☐ Yes

☐ No

***How many chaperones will attend with your group?**

If there are any food allergies/restrictions we need to be aware of, please indicate those below.

***Certification**

☐ I certify that I have read and understand the terms and conditions listed above for this event.

