

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1551568

Vendor Name: Diane and Bruce Halle Foundati

Invoice Number: 052418

Invoice Date: 05/24/18

PO Number:

Check Number: 0244484

Check Amount: \$ 2,000.00

Check Date: 11/14/2018

Department ID: 98076

Reviewer Name:

Voucher Number: V0541089

Redaction Type: Other

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: 5/24/2018  
Vendor ID: 1551568

-7 Diana was waiting for W9-

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	98076	2900024	Agency Scholarships	\$ 2,000.00

Grand Total \$ 2,000.00

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

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.

**AP VERIFIED**  
**11/02/18 - MARIA ZERRUDO**

Payee Name: The Diane and Bruce Halle Foundation

Other Instructions: \_\_\_\_\_

Payee Address: 20225 N Scottsdale Rd, Scottsdale, AZ, 85255

Description on Check:

Returning funds for Never attended

Approvals:

Prepared By: Diana Christopher

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: [Signature]

Signature: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Board Approved Date: \_\_\_\_\_

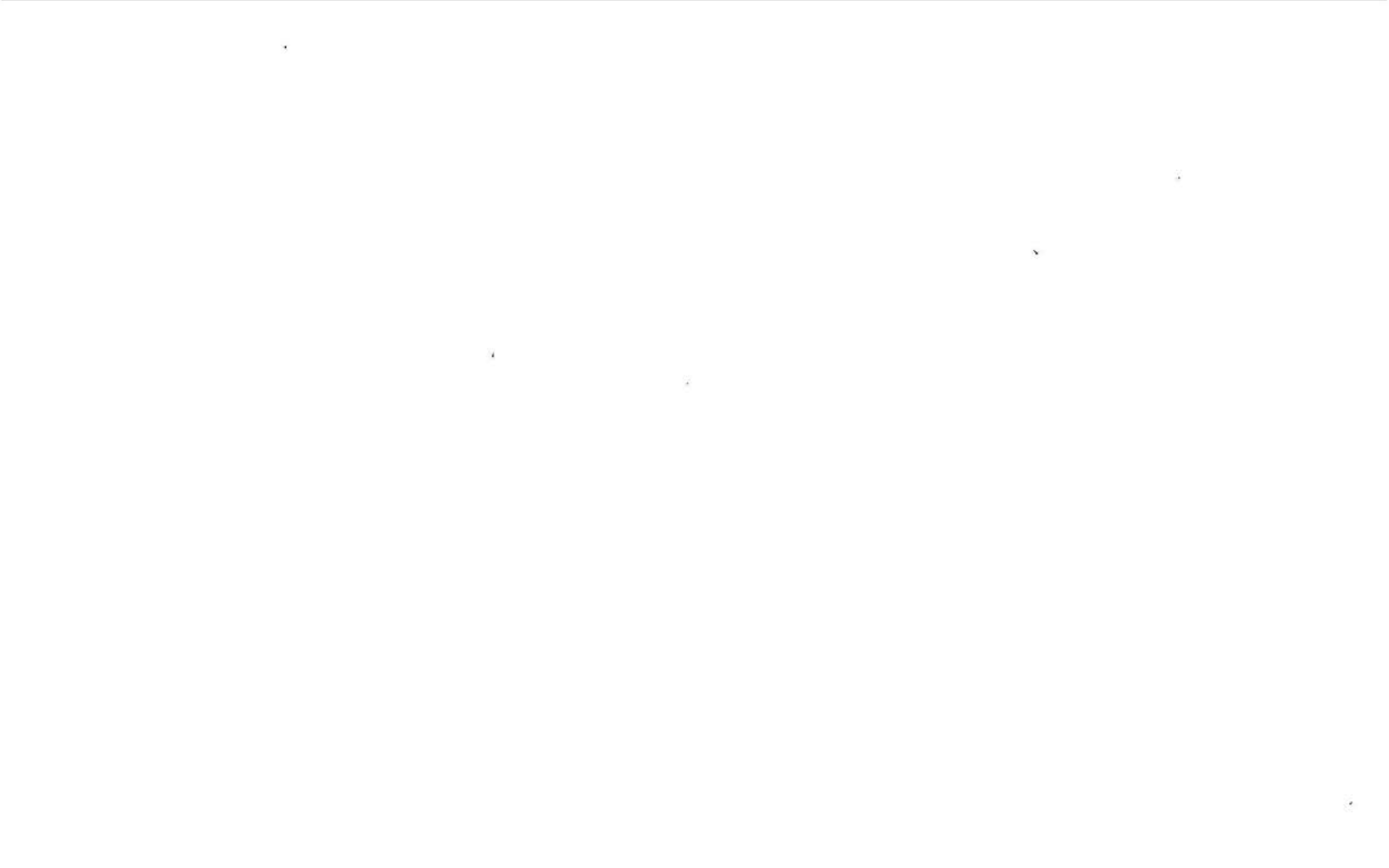
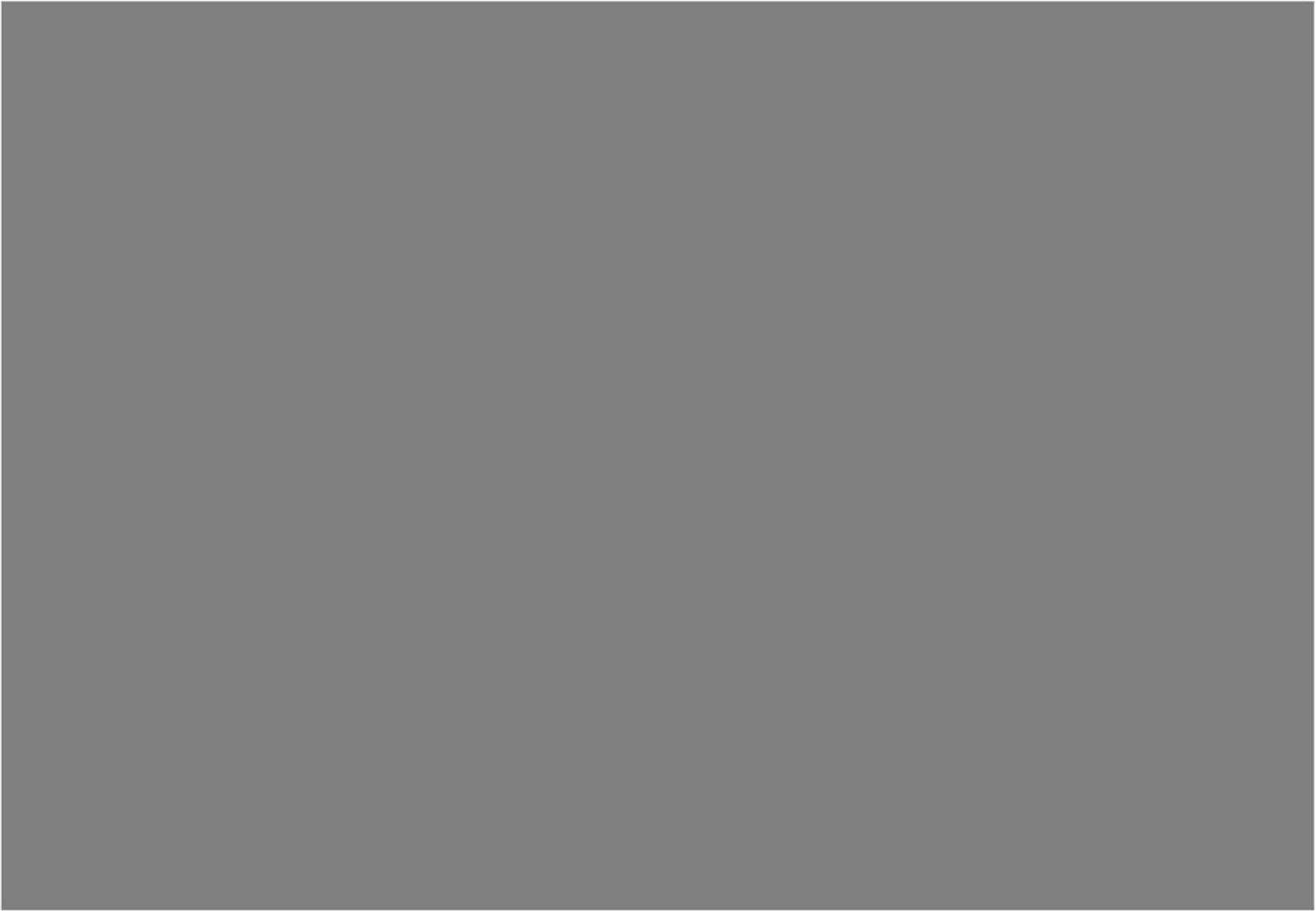
Signature: \_\_\_\_\_

Approved By Division VP: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: [Signature]

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



**BRUCE T. HALLE**  
**SCHOLARSHIP**

June 25, 2017

College of Dupage  
425 Fawell Blvd.  
Attn: Scholarships  
Glen Ellyn, IL 60137

**STUDENT NAME:**  
**STUDENT ID:**



To whom it may concern:

The Diane & Bruce Halle Foundation is pleased to enclose a check for \$1000 payable to College of Dupage for the student listed above. This check represents the Fall 2017 installment of this scholarship award. Another check in the same amount will be mailed later this year for the Spring 2018 semester. These scholarship funds apply to full-time enrollment only and may be used for tuition, fees and/or books. In the event of a change in enrollment status resulting in a refund of any portion of this award, funds should be returned to:

Stephanie Misercola  
The Diane and Bruce Halle Foundation  
20225 N. Scottsdale Rd.  
Scottsdale, AZ 85255  
Phone: 480.515.7500 / Email: Stephanie.Misercola@discounttire.com

If you have any questions, please contact our office. Thank you for your help with this.

Sincerely,

The Diane & Bruce Halle Foundation

Enclosure



**BRUCE T. HALLE**  
**SCHOLARSHIP**

November 20, 2017

College of Dupage  
Attn: Scholarships  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**STUDENT NAME:**  
**STUDENT ID:**  
**STUDENT PHONE:**  
**STUDENT EMAIL:**

To whom it may concern:

The Diane & Bruce Halle Foundation is pleased to enclose a check for \$1,000 payable to College of Dupage as a Bruce T. Halle Scholarship award for the student listed above. This check represents the Winter/Spring 2018 installment of this scholarship award. The student must be enrolled full time and the funds may be used for cost of attendance related expenses including tuition, fees and/or books. In the event of a change in enrollment status resulting in a refund of any portion of this award, funds should be returned to:

The Diane and Bruce Halle Foundation  
Attn: Kim Miller  
20225 N. Scottsdale Rd.  
Scottsdale, AZ 85255  
Phone: 480.515.7500 / Email: Kim.Miller@discounttire.com

If you have any questions, please contact our office. Thank you for your help with this.

Sincerely,



Kim Miller  
The Diane & Bruce Halle Foundation

Enclosure

