

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1517408

Vendor Name: Strategic Cost Control, Inc

Invoice Number: 65425

Invoice Date: 11/02/18

PO Number:

Check Number: 0244685

Check Amount: \$ 800.00

Check Date: 11/14/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0541732

Redaction Type: None

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

Document Below

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From: duffeym@cod.edu  
Sent: Wed Nov 07 09:02:38 CST 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 12/01/2018,

If you have any questions, or if you need any other 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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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: 11/2/2018  
Vendor ID: 1517408

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
65425		01	90	00835	5204001	Unemployment Insurance Exps	\$ 800.00

Grand Total \$ 800.00

**AP VERIFIED**

Check the appropriate box below and sign

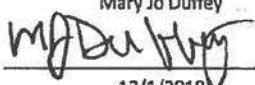
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein 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  
Payee Address: P.O. Box 1180, 50 Nashua Road  
Londonderry, NH 03053

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

Description on Check:

Approvals:

Prepared By: Mary Jo Duffey  
Signature:   
Payment Due: 12/1/2018  
Board Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature:  11/2/18  
Approved By: Lisa Schuller Date: \_\_\_\_\_  
Signature:  11/2/18  
Approved By Division VP: Mia Gyarto Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

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



# INVOICE

RECEIVED

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

NOV 02 2018  
**HUMAN RESOURCES**

**INVOICE #** 65425  
**DATE** 11/02/2018  
**DUE DATE** 12/01/2018

ACTIVITY	QTY	RATE	AMOUNT
Services			800.00
Quarterly Fee for Unemployment			
Compensation Management Services			

Billing period begins on the due date of this invoice.

**BALANCE DUE**

**\$800.00**

Approved Alex Farooq 11-2-18  
Date

Approved Lisa Schuller 11-2-18  
Date