

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085363

Vendor Name: GFOA

Invoice Number: 11/20/2018

Invoice Date: 11/20/18

PO Number:

Check Number: 0244879

Check Amount: \$ 635.00

Check Date: 11/20/2018

Department ID: 00757

Reviewer Name:

Voucher Number: V0543086

Redaction Type: None

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

Document Below

1085363

11/20/2018

0244879

11/20/2018

V0543086

BUDGET AWARDS PROGRAM

0180007575309001

635.00

R4 11/20/18



635.00

0244879

PAY ONLY SIX HUNDRED THIRTY FIVE AND 00/100 DOLLARS

11/20/2018

\$*****635.00

GFOA
Dist Budget Award Program
203 N Lasalle St Ste 2700
Chicago IL 60601

V0543086

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: 11/20/2018
Vendor ID: 1085363

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
11/20/2018		01	80	00757	5309001	Other Contractual Services Exp	\$ 635.00
Grand Total							\$ 635.00

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: GFOA Budget Awards Program
Payee Address: 203 N. LaSalle St., Suite #2700,
Chicago, IL 60601

Other
Instructions:

Manual Check Requested

Return check to Vera Humphrey
X

Description on Check:

Budget Awards Program

Approvals:

Prepared By: Vera Humphrey
Signature: Vera Humphrey
Payment Due: 11/20/2018
Board Approved Date: _____

Approved By: _____ Date: _____
Signature: _____
Approved By: Brian W. Caputo Date: 11/20/18
Signature: Scott Snider
Approved By Division VP: _____ Date: _____
Signature: _____

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

Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs

Application Form

Best Practices in Community College Budgeting Awards Program Government Finance Officers Association

Please submit the following items to the GFOA: application, official operating budget, supplementary materials, and appropriate fee. The complete application must be sent within one hundred twenty (120) days of legal adoption of the final operating budget or submission of the proposed operating budget to the governing body, unless an extension has been granted.

Please type or print legibly.

1. Name of entity COLLEGE OF DUPAGE State/Province IL
(Provide name as you would like it to appear on the award plaque.)

2. What is the fiscal period covered by the budget? ☒ Annual ☐ Biennial ☐ Triennial

2a. For the fiscal year or biennium/triennial beginning: Month JULY Day 1 Year 2018

3. Is this your government's first submission to the awards program? Yes ☐ No ☒

4. Has your government previously received a GFOA Budget Award? ☒ Yes ☐ No

If yes, what was the last year the award was received? FY 2018

If yes, is this your second submission and the award was not granted in the immediate prior budget period? ☐ Yes ☒ No

5. If the entity receives the Budget Award, a Certificate of Recognition will be prepared for the individual or department noted below as primarily responsible for the entity's success in earning the Award.

Individual's or Department's Name BUDGET OFFICE

Individual's Title _____

6. Official who requests review (please use your street address; no post office box numbers).

Name ☐ Mr. ☐ Ms. ☒ Dr. BRIAN W. CAPUTO City GLEN ELLYN
Title VP ADMINISTRATION CFO State/Province IL
Name of entity COLLEGE OF DUPAGE Zip/Postal Code 60137
Street Address (required) 425 FAWELL BLVD Telephone () 630-942-2218
E-Mail Address _____

7. To whom would you prefer that GFOA mail the formal announcement of award (e.g., CFO, chancellor, board president)? Detailed technical comments and suggestions for improvements are automatically mailed confidentially to the official requesting the review.

Name ☐ Mr. ☐ Ms. ☒ Dr. ANN E. RONDEAU
Title PRESIDENT
Street Address (required) 425 FAWELL BLVD
City GLEN ELLYN State IL Zip/Postal Code 60137

8. Please provide the *precise* hyperlink address to the *specific* page which contains the budget document(s). This link will be on the list of award winners of the Best Practices in Community College Budgeting Award that can be found in the "Award Programs" area of GFOA's Web site, www.gfoa.org. GFOA has a best practice encouraging governments to place its budget document on its Web site.

http://www.cod.edu/about/office_of_the_president/planning_and_reporting_documents/pdf/2018-2019budget.pdf

9. Please provide the entity's membership number. 300003595

10. A fee is required unless this is your second submission and the award was not granted in the immediate prior budget period. (Failure to enclose a fee will delay processing.)

10a. Method of payment: ☒ Check Amount: \$ 635 Check Number: _____

10b. ☐ Credit Card Type: _____ Account Number: _____ Expiration date: _____

11. Include total projected operating, capital, and debt service expenditures in the upcoming budget year _____ (in dollars). For a biennial or triennial submission, it would be the first year of the two or three-year budget cycle. Note that transfers are not included as expenditures.

Please check the appropriate fee category and send the payment at the same time as your submission. (Remit all fees in U.S. dollars)

Total expenditures/expenses	GFOA member*	Nonmember
Under \$10 million	\$185 <input type="checkbox"/>	\$370 <input type="checkbox"/>
\$10-25 million	\$280 <input type="checkbox"/>	\$560 <input type="checkbox"/>
\$25-50 million	\$330 <input type="checkbox"/>	\$660 <input type="checkbox"/>
\$50-100 million	\$425 <input type="checkbox"/>	\$850 <input type="checkbox"/>
\$100-300 million	\$550 <input type="checkbox"/>	\$1,100 <input type="checkbox"/>
\$300-500 million	\$635 <input checked="" type="checkbox"/>	\$1,270 <input type="checkbox"/>
Over \$500 million	\$690 <input type="checkbox"/>	\$1,380 <input type="checkbox"/>

*A government may join GFOA at the time of its submission to qualify for member rates.

12. The budget document is provided in only the following format: ☐ Hardcopy OR ☐ CD OR ☐ Flash drive OR ☒ Website/PDF

Hardcopy: 3 copies of the budget document, 2 copies of the application, 3 copies of the completed detailed criteria location guide, 3 copies of the previous year's reviewer comments and responses to those comments, and payment.


CD: 3 CD's, 2 copies of the application, 3 copies of the completed detailed criteria location guide, 3 copies of the previous year's reviewer comments and responses to those comments, and payment.

Flash drive: 3 flash drives, 2 copies of the application, 3 copies of the completed detailed criteria location guide, 3 copies of the previous year's reviewer comments and responses to those comments, and payment.

Website/PDF: Email budget document, application, completed detailed criteria location guide, the previous year's reviewer comments and responses to those comments, and credit card information.

We hereby submit our organization's operating budget for consideration in the GFOA's Best Practices in Community College Budgeting Awards Program, and we agree to comply with the rules and procedures of the program.

11/20/2018
(Date)


(Signature of academic official requesting review)

11/19/18
(Date)

Brian W. Caputo
(Signature of financial official requesting review)

Send all necessary items to: Government Finance Officers Association or ccbudgetaward@gfoa.org
Community College Budget Awards Program
203 North LaSalle Street, Suite 2700
Chicago, IL 60601
Phone: 312-977-9700

Information about becoming a Budget Reviewer (optional)

If you would like information about becoming a budget reviewer, please provide the following information and an application will be e-mailed to you, or visit the "Award Programs" section on GFOA's Web site www.gfoa.org for an application.

Name: ROBERT HAYLEY
Title: BUDGET MANAGER E-Mail: HAYLEYR@COD.EDU
Address: 425 Fawell Blvd
City: GLEN ELLYN State: IL Zip Code: 60137
Phone: 630-942-3484