

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1553860

Vendor Name: Federacion Jalisciense Del Med

Invoice Number: 070318

Invoice Date: 07/03/18

PO Number:

Check Number: E0070153

Check Amount: \$ 1,060.00

Check Date: 11/07/2018

Department ID: 98263

Reviewer Name:

Voucher Number: V0541090

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: 7/3/2018  
Vendor ID: 1553860

- Diana was waiting for W9.

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	98263	2900024	Agency Scholarships	\$ 1,060.00

Grand Total \$ 1,060.00

--- \$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 been provided in a satisfactory condition/manner. 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: Federacion Jalisciense Del Medion  
Oeste de los Estados Unidos, NFP

Other  
Instructions:

Payee Address: 217 Kenmore Ave, Elmhurst, IL 60126

Description on Check:

Return of funds

Approvals:

Prepared By: Diana Christopher

Approved By:

Date:

Signature:

Signature:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

10/24/2018

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



