

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1010565

Vendor Name: Illinois Valley Community Coll

Invoice Number: 031820

Invoice Date: 03/18/20

PO Number:

Check Number: 0266643

Check Amount: \$ 55.00

Check Date: 04/14/2020

Department ID:

Reviewer Name:

Voucher Number: V0609775

Redaction Type: Other

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

Document Below

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From: doguimm@cod.edu  
Sent: Thu Mar 19 16:40:49 CDT 2020  
To: invoicing@cod.edu  
CC: dulceakt@cod.edu  
Subject: Check Request - Reimbursing Attendees from Illinois Valley Community College for Cancelled COD Food Insecurity Summit  
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Hello, Invoicing Department,

I have a few of these to send you for reimbursing our pay-by-check attendees coming from various institutions who had registered for our now-cancelled Illinois Higher Education Food Insecurity Summit.

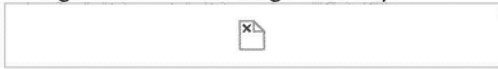
This one is for one attendee coming from Illinois Valley Community College for a total reimbursement amount of \$55.

Melissa Doguim

Administrative Assistant V to Dr. Diana Del Rosario,

Assistant Provost, Student Affairs

630-942-3687 – Callers will be able to leave a voicemail message which will be returned as soon as possible. PLEASE NOTE: college staff are working remotely.



For information on how the College is responding to the Outbreak of COVID 19, please refer to our website:  
<https://cod.edu/coronavirus/index.aspx>

## College of DuPage - Accounts Payable

## Check Request Form

revised 11/20/19

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 - Non-Purchase Order Procedure No. 10-65**

Date: 3/18/2020  
Vendor ID: 1010565

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	01	30	00440	4900099	Miscellaneous Revenues	\$ 55.00

Grand Total \$ 55.00

**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: Illinois Valley Community College

Payee Address: 815 N. Orlando Smith Avenue,  
Oglesby, IL 61348Other  
Instructions:

## Description on Check:

Refund 1 IVCC attendee - cancelled COD Food Insecurity Summit

## Approvals:

Prepared By: Melissa Doguim  
Signature: Melissa Doguim  
Payment Due:  
Board Approved Date:

Approved By: Dr. Diana Del Rosario  
Signature: Diana Del Rosario  
Approved By:  
Signature:  
Approved By Division VP:  
Signature:

Date:  
Date:  
Date:  
Date:

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

**College of DuPage - Accounts Payable**

**Check Request Form**

**Notes:**

**Processing a Check Request**

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

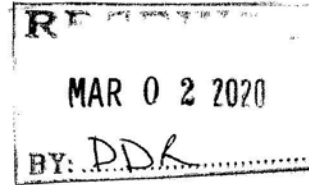
1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

ILLINOIS VALLEY COMMUNITY COLLEGE

02/27/20 CHECK NO. 0754829

DATE	DESCRIPTION	INVOICE NO.	AMOUNT
02/25/20	higher ed food insecurity		55.00



TOTALS 55.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

ILLINOIS VALLEY  
COMMUNITY COLLEGE

## ILLINOIS VALLEY COMMUNITY COLLEGE

School District No. 513  
815 N. Orlando Smith Avenue - Oglesby, IL 61348MIDLAND BANK  
PERU, ILLINOIS00-0454  
0812

ACCOUNTS PAYABLE

DATE

02/27/20

CHECK NO. 0754829

PAY THE  
SUM OF

FIFTY FIVE AND 00/100 DOLLARS

AMOUNT

\*\*\*\*\*55.00

VOID 90 DAYS AFTER DATE OF ISSUANCE

PAY  
TO THE  
ORDER  
OFCollege of DuPage  
425 Fawell Blvd.  
Student Affairs, Bldg 3400  
Glen Ellyn IL 60137RUB RED IMAGE  
FADER WITH HEAT

AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

07548290812045401001114971