

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0691195

Vendor Name: Ms Mable A. Martinez

Invoice Number: 246728

Invoice Date: 09/09/20

PO Number:

Check Number: 0272504

Check Amount: \$ 190.00

Check Date: 09/15/2020

Department ID: 00279

Reviewer Name:

Voucher Number: V0644280

Redaction Type: FERPA

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

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Mon Sep 14 10:56:14 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check request & receipt  
-----

**From:** Gonzalez, Colleen <prolac@cod.edu>  
**Sent:** Monday, September 14, 2020 10:25 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** Check request & receipt

Good morning Bethany,

Please see the attached Check request and receipt for processing. Please feel free to let me know if there is anything else that you need for processing.

Thank you!

*Colleen Profa-Gonzalez*

**Program Support Specialist, Nursing and Health Sciences Division**

**College of DuPage** | 425 Fawell Blvd | Glen Ellyn, IL 60137

prolac@cod.edu | 630-942-2994 (ph) | 630-942-4222 (fax)

## College of DuPage - Accounts Payable

## Check Request Form

revised 4/14/2020

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: 9/9/2020

Vendor ID: \_\_\_\_\_

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
246728	01	10	00279	5401002	Instructional Supplies	\$ 190.00

Grand Total

\$ 190.00

Check the appropriate box below and sign:



**AP VERIFIED**  
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.

**09/14/20 - BETHANY CRUSE**

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: \_\_\_\_\_

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

Payee Address: \_\_\_\_\_

## Description on Check:

Reimbursement for NBSTSA exam.

## Approvals:

Prepared By:

Colleen Gonzalez

Approved By:

Dilyss Gallyot

Date:

9/10/20

Signature:

APPROVED

By Colleen Gonzalez at 2:31 pm, Sep 08, 2020

Signature:

Dilyss Gallyot

Payment Due:

10/8/2020

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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.

