

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1517408
Vendor Name: Strategic Cost Control, Inc
Invoice Number: 68680
Invoice Date: 08/05/20
PO Number:
Check Number: 0272560
Check Amount: \$ 1,600.00
Check Date: 09/15/2020
Department ID: 00835
Reviewer Name: Jacquelyn Campagnolo
Voucher Number: V0640279
Redaction Type: None
Document Type: AP Invoice

Document Below

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: 8/5/2020
Vendor ID: 1517408

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
68680		01	90	00835	5204001	Unemployment Insurance Exps	\$ 800.00
Grand Total							\$ 800.00

--- \$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.

08/24/20 - LINDA SANDS-VANKERK



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:

Quarterly fee for Unemployment Compensation Management Services

Approvals:

Prepared By: Mary Jo Duffey
Signature: *Mary Jo Duffey*
Payment Due: 8/5/2020
Board Approved Date:

Approved By: Beth O'Brien Date: 08/06/2020
Signature: *Elizabeth L O'Brien*
Approved By:

Signature:
Approved By Division VP: Linda Sands-Vankerk Date:
Signature:

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

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



INVOICE

BILL TO

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

INVOICE # 68680

DATE 11/02/2019

DUE DATE 12/01/2019

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
08/24/20 - LINDA SANDS-VANKERK

Approved Debbie Wendling 8/6/2020
Debbie Wendling Date

Approved Elizabeth L O'Brien 08/06/2020
Beth O'Brien Date

INVOICE REVIEWED
OKAY TO PAY
JACQUELYN CAMPAGNOLO 08

From: duffeym@cod.edu
Sent: Thu Aug 20 09:51:05 CDT 2020
To: invoicing@cod.edu
CC:
Subject: CCC Invoice # 68680

Good morning,

Attached please find a signed check request and invoice care of Corporate Cost Control, our unemployment vendor. Please note that this invoice was missed since it was sent to an employee who is no longer with the College. It dates back to November 2019, so if there is any way to submit this for prompt payment, I would appreciate it.

Please let me know if you have any questions, or if you need any other information from me.

Thank you,

Mary Jo Duffey

Human Resources
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
duffeym@cod.edu

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1517408
Vendor Name: Strategic Cost Control, Inc
Invoice Number: 71325
Invoice Date: 08/21/20
PO Number:
Check Number: 0272560
Check Amount: \$ 1,600.00
Check Date: 09/15/2020
Department ID: 00835
Reviewer Name: Jacquelyn Campagnolo
Voucher Number: V0640319
Redaction Type: None
Document Type: AP Invoice

Document Below

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: 8/20/2020
Vendor ID: 1517408

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
71325		01	90	00835	5204001	Unemployment Insurance Exps	\$ 800.00
Grand Total							\$ 800.00

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.

08/24/20 - LINDA SANDS-VANKERK



We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approval 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

Other
Instructions:Payee Address: P.O. Box 1180, 50 Nashua Road
Londonderry, NH 03053

Description on Check:

Quarterly fee for Unemployment Compensation Management Services

Approvals:

Prepared By: Mary Jo Duffey

Approved By: Beth O'Brien Date:

Signature: Mary Jo Duffey

Signature: Elizabeth L O'Brien 08/21/2020

Payment Due: 8/1/2020

Approved By: Date:

Board Approved Date:

Signature:

Approved By Division VP: Linda Sands-Vankerk Date:

Signature:

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

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



INVOICE

BILL TO

Alex Farooq
425 Fawell Boulevard
Glen Ellen, IL 60137

INVOICE # 71325

DATE 08/02/2020

DUE DATE 09/01/2020

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 Debbie Wendling 8/20/20
Debbie Wendling Date

Approved Elizabeth L. O'Brien 08/21/2020
Beth O'Brien Date

**INVOICE REVIEWED
OKAY TO PAY**

From: duffeym@cod.edu
Sent: Fri Aug 21 10:22:39 CDT 2020
To: invoicing@cod.edu
CC:
Subject: CCC invoice # 71325

Good morning,

Attached please find a signed check request and invoice care of our Unemployment vendor, Corporate Cost Control. Invoice # 71325 is due for payment by 9/01/2020....FYI.

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