

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1209618
Vendor Name: Adjuncts Association COD/CODAA
Invoice Number: CODAA UNIONSUPPORT
Invoice Date: 12/11/20
PO Number:
Check Number: 0275643
Check Amount: \$ 5,000.00
Check Date: 01/12/2021
Department ID: 00833
Reviewer Name:
Voucher Number: V0656744
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: duffeym@cod.edu
Sent: Fri Dec 11 14:03:00 CST 2020
To: invoicing@cod.edu
CC: duffeym@cod.edu
Subject: Annual union support request for CODAA union

Good afternoon,

Attached please find a check request regarding the College's annual support for the Adjunct Faculty Union, CODAA, per the CODAA contract. Due to our continued work from home environment, please mail the check directly to CODAA's treasurer at the address below:

Steve Mecker
717 N. Washington St.
Wheaton, IL 60187

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

Thank you,

Mary Jo

Mary Jo Duffey

Human Resources
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
duffeym@cod.edu
Phone: 630-942-2051

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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: 12/11/2020
Vendor ID: 1209618

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
CODAA Union Support		01	90	00833	5909001	Other Expenditure	\$ 5,000.00
AY 2020-21 per							
Agreement							

Grand Total \$ 5,000.00

--- \$1,000 and Greater: Approval of Division VP is 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 received 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: College of DuPage Adj. Assoc.

Payee Address: 425 Fawell Blvd.
Glen Ellyn, IL 60137

Other Instructions: Please mail check to CODAA treasurer:
Steve Mecker, 717 N. Washington St., Wheaton, IL 60187

Description on Check:

Academic Year 2020-2021 Union Support per CODAA Agreement

Approvals:

Prepared By: Mary Jo Duffey

Signature:

Payment Due: ASAP

Board Approved Date:

Approved By:

Date:

Signature:

Approved By:

Judy Contreras

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