

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1586330

Vendor Name: Rick Moya

Invoice Number: 192981

Invoice Date: 11/24/20

PO Number:

Check Number: 0275752

Check Amount: \$ 190.00

Check Date: 01/12/2021

Department ID: 00279

Reviewer Name:

Voucher Number: V0656972

Redaction Type: FERPA

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

Document Below

-----  
From: prolac@cod.edu  
Sent: Tue Dec 15 10:58:54 CST 2020  
To: invoicing@cod.edu  
CC:  
Subject: Check Request Form  
-----

Good morning,

Please see the attached Check Request and attached receipt for [REDACTED]

Thank you!

*Colleen Prola-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)

**From:** Towne, Jordan <townej@cod.edu>  
**Sent:** Wednesday, December 9, 2020 8:46 AM  
**To:** Gonzalez, Colleen <prolac@cod.edu>  
**Subject:** RE: Vendor Intake & W9 for reimbursement

Hi Colleen,

This is now complete [REDACTED]

Thank you,

Jordan Towne  
Purchasing Expeditor

425 Fawell Blvd. | IRC 1001 | Glen Ellyn, IL 60137-6599 | USA  
T: (630) 942.2576 | F: (630) 942.4201 | townej@cod.edu

- [Click Here for current bids/Rfps!](#)
- [COD: Check out our Team Site!](#)

**From:** Gonzalez, Colleen <prolac@cod.edu>  
**Sent:** Tuesday, December 8, 2020 1:46 PM  
**To:** Towne, Jordan <townej@cod.edu>  
**Subject:** FW: Vendor Intake & W9 for reimbursement

Hi Jordan,

I hope you are doing well. Do you happen to know if the attached is ready to go in Colleague? Thank you so much!

Thank you!

*Colleen Prola-Gonzalez*

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

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**From:** Gonzalez, Colleen

**Sent:** Tuesday, November 24, 2020 11:12 AM

**To:** Towne, Jordan <townej@cod.edu>



I 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: 11/24/2020  
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
192981	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.

**12/15/20 - 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: [REDACTED]

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

Payee Address: [REDACTED]

Description on Check:

The National Board of Surgical Technology and Surgical Assistants (NBSTSA) will not invoice the college in order for us to pay for the student certification exam fees. The students have already paid for these fees in their cost of tuition as part of the lab fees for the program. We are reimbursing the students so that they are not charged twice for this required exam.

Approvals:

Prepared By:

Colleen Gonzalez

Approved By:

*Dilyss Gallyot*

Date: 11/24

Signature:

APPROVED

By Colleen Gonzalez at 11:17 am, Nov 24, 2020

Signature:

*Dilyss Gallyot*

Payment Due:

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.



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Print

Close