

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1319429

Vendor Name: AAFPE American Assoc. for Para

Invoice Number: 3/19/2021

Invoice Date: 03/19/21

PO Number:

Check Number: 0278972

Check Amount: \$ 750.00

Check Date: 04/13/2021

Department ID: 99470

Reviewer Name:

Voucher Number: V0670894

Redaction Type: None

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

Document Below

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From: Accounts Payable <acctpay@cod.edu>  
Sent: Tue Mar 30 16:02:46 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Club Check Requests  
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**From:** Mejia, Jelymar <mejiaj742@cod.edu>  
**Sent:** Tuesday, March 30, 2021 3:42 PM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Club Check Requests

Hello,

Attached are the completed check requests for the PTK Presidential Scholar refunds. These students are presidential scholars and submitted their payments to PTK headquarters.

There is also a check request for the LEX membership fees to be sent to their national office.

Please let me know if you have need any additional information.

Thanks!

**Jelymar Mejia**

Front Desk Supervisor

Office of Student Life | SSC 1217

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

[mejiaj742@cod.edu](mailto:mejiaj742@cod.edu) | (630) 942-3920

Pronouns: She/Her/Hers

**My Signature Themes:**

Communication WOO Significance Positivity Developer

[attachment: LEX SP2021 Induction Fees CHECK REQUEST FORM.pdf JM CS.pdf]

College of DuPage - Accounts Payable  
Check Request Form  
revised 1/29/2021

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: 3/19/2021  
Vendor ID: 1319429

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	10	99	99470	2900099	Funds Held in Custody of Othr	\$ 750.00
Grand Total						\$ 750.00

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services, for which payment is being 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 being requested, have not yet been provided. The undersigner indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

**AP VERIFIED**  
**03/30/21 - MARIA ZERRUDO**

Payee Name: AAFPE  
Payee Address: 222 S Westmonte Dr. Ste 111,  
Altamonte Springs, FL 32714

Other  
Instructions:

Description on Check:

College of DuPage LEX Induction Fees

Approvals:

Prepared By: Jelymar Mejia  
Signature: Jelymar Mejia  
Payment Due: 4/16/2021  
Board Approved Date:

Approved By: Chuck Steele  
Signature: Chuck Steele  
Approved By:   
Signature:   
Approved By Division VP:   
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.

## Lambda Epsilon Chi (LEX) INVOICE

Ship to: Attn: / Name: Sally Fairbank  
 School: College of DuPage  
 Address: 425 Fawell Blvd.  
Berg Instructional Center, Room 1471A  
 City, ST, Zip: Glen Ellyn, IL 60137  
 Phone: (630) 942-2955 Email: Berg Instructional Center, Room 1471A

Quantity	Description	Unit Price	Total
<u>15</u>	LEX Certificate and Pin (Induction fee)	\$50.00	\$ <u>750.00</u>
<u>      </u>	LEX Graduation Sash	\$35.00	\$ <u>      </u>
<u>      </u>	LEX Banner/Table Runner	\$75.00	\$ <u>      </u>
<u>      </u>	LEX Expedited Processing/Shipping (for requests submitted within two weeks of date to receive materials)	\$25.00	\$ <u>      </u>
<b>Amount Paid</b>			\$ <u>750.00</u>

Please allow for a an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

<b>Payment details:</b>	
<b>Payment by Check payable to AAFPE</b> Check #: _____ Amount \$: _____	
<b>Please note</b> that only school-issued checks will be accepted. Personal checks from students will be returned. Money Orders will be accepted as a form of payment.	
Select Card Type: <input type="checkbox"/> <b>Amex</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b>	
Name on Card: _____ Authorized Amount \$ _____	
Signature of card holder: _____	
Card Number : _____	
Exp Date: _____ CVV Code: _____	

**Please mail form and payment to *(please note change to suite number as of 4/1/18)*:**

**AAFPE**, 222 S Westmonte Dr Ste **111**, Altamonte Springs FL 32714

Phone: 407-774-7880    Fax: 407-774-6440 *(credit card payments only)*    Email: [info@aafpe.org](mailto:info@aafpe.org)

  

LEX Inductee Form 2018-05-01