

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1514903  
Vendor Name: The Dupage Community Foundatio  
Invoice Number: 040121  
Invoice Date: 04/01/21  
PO Number:  
Check Number: 0281629  
Check Amount: \$ 280.09  
Check Date: 06/08/2021  
Department ID: 98200  
Reviewer Name:  
Voucher Number: V0679568  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: Marek, Robert <marekr@cod.edu>  
Sent: Tue May 11 09:13:29 CDT 2021  
To: invoicing@cod.edu  
CC: vosicky@cod.edu,christopherd@cod.edu  
Subject: Scholarship Check Request (1 of 3)  
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Good morning,

Please see the attached check request for **DuPage Foundation** in the amount of \$280.09. Please also note the special instructions.

Thanks!

Bobby Marek

**Senior Accountant | Financial Affairs**

**College of DuPage**

425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599

phone 630-942-2655 | fax 630-942-2297 | [marekr@cod.edu](mailto:marekr@cod.edu)

[attachment: Aduco andexler.zacatzi\_DC\_Redacted.pdf]

## College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

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: 4/1/2021

Vendor ID: 1514903

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
040121		10	99	98200	2900024	Agency Scholarships	47.09
040121		10	99	98200	2900024	Agency Scholarships	233.00

Grand Total

\$ 280.09

**AP VERIFIED**

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: DuPage Foundation

Payee Address: 3000 Woodcreek Dr Ste 310  
Downers Grove, IL 60515-5408Other  
Instructions:

Please send letter on next page with check.

## Description on Check:

To return unused scholarship funds to donor; [REDACTED] did not return.

## Approvals:

Prepared By: Diana Christopher

Signature: Diana Christopher

Payment Due:

Board Approved Date:

Approved By: Nishia Ikezoe Heard

Date:

Signature: Nishia Ikezoe Heard

Approved By:

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

















