

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1376194

Vendor Name: Hinsdale Golf Club

Invoice Number: 040621

Invoice Date: 05/11/21

PO Number:

Check Number: 0281665

Check Amount: \$ 416.00

Check Date: 06/08/2021

Department ID: 98370

Reviewer Name:

Voucher Number: V0679324

Redaction Type: FERPA

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

Document Below

From: Marek, Robert <marekr@cod.edu>
Sent: Tue May 11 09:15:09 CDT 2021
To: invoicing@cod.edu
CC: vosicky@cod.edu,christopherd@cod.edu
Subject: Scholarship Check Request (3 of 3)

Good morning,

Please see the attached check request for **Hinsdale Golf Club** in the amount of \$416.00. 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



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: 4/6/2021
Vendor ID: 1376194

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrp.	Amount
040621		10	99	98370	2900024	Agency Scholarships	\$ 416.00
Grand Total							\$ 416.00

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.
- ☐ 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 when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

05/11/21 - BETHANY CRUSE

Payee Name: Hinsdale Golf Club

Payee Address: 140 Chicago Ave
Clarendon Hills, IL 60514

Other Instructions: Please send letter on next page with check.

Description on Check:

To return unused scholarship funds to donor; not return.

Approvals:

Prepared By: Diana Christopher
Signature: Diana Christopher
Payment Due:
Board Approved Date:

Approved By: Nishia Ikezoe Heard
Signature: Nishia Ikezoe Heard
Approved By:
Signature:
Approved By Division VP:
Signature:

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

Hinsdale Golf Club
Caddie Education Award Program
140 Chicago Ave
Clarendon Hills, IL 60514





PA

TO
OR
OF

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SEP 09 2019

College of DuPage
Office of Student Financial Assistance

