

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1629989

Vendor Name: Illinois Prairie Community Fou

Invoice Number: 051421

Invoice Date: 05/14/21

PO Number:

Check Number: 0281675

Check Amount: \$ 1,500.00

Check Date: 06/08/2021

Department ID: 98419

Reviewer Name:

Voucher Number: V0684243

Redaction Type: FERPA

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

Document Below

-----  
From: Marek, Robert <marekr@cod.edu>  
Sent: Wed Jun 02 15:40:41 CDT 2021  
To: invoicing@cod.edu  
CC: vosicky@cod.edu,christopherd@cod.edu  
Subject: Scholarship Check Request (4 of 4)  
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Good afternoon,

Please see the attached check request for **Illinois Prairie Community Foundation** in the amount of \$1,500. 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)



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: 5/14/2021  
Vendor ID: 1629989

Invoice Number	Fund	Func.	Dept.	Object	Object Descip.	Amount
051421	10	99	98419	2900024	Agency Scholarships	\$ 1,500.00

Grand Total \$ 1,500.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

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 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.

**AP VERIFIED**  
**06/03/21 - BETHANY CRUSE**

Payee Name: Illinois Prairie Community Foundation  
Payee Address: 915 E Washington St, Ste 2  
Bloomington, IL 61701

Other Instructions: \*\*PLEASE SEND LETTER ON NEXT PAGE WITH CHECK\*\*

Description on Check:

Approvals:

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

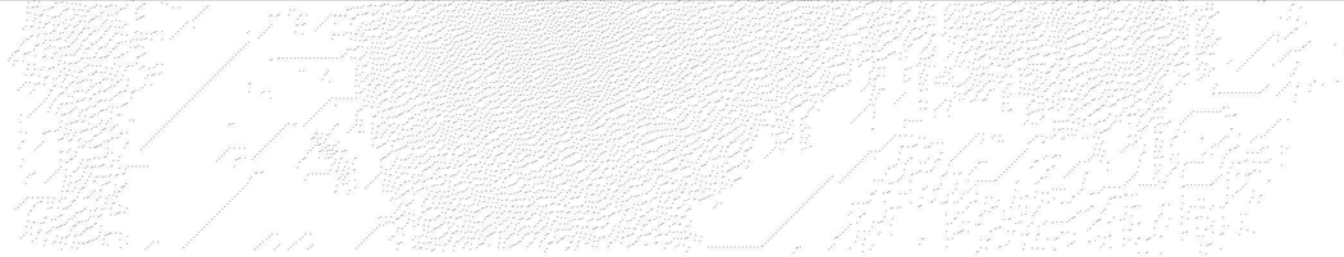
Approved By: Dr. Diana Del Rosario  
Signature: Diana Del Rosario  
Date: 2021.05.20 19:54:12 -05'00'  
Approved By: Mark Curtis-Chavez  
Signature: Mark Curtis-Chavez  
Date: 2021.06.02 12:23:32 -05'00'  
Approved By Division VP: Dr. Mark Curtis-Chavez  
Signature:

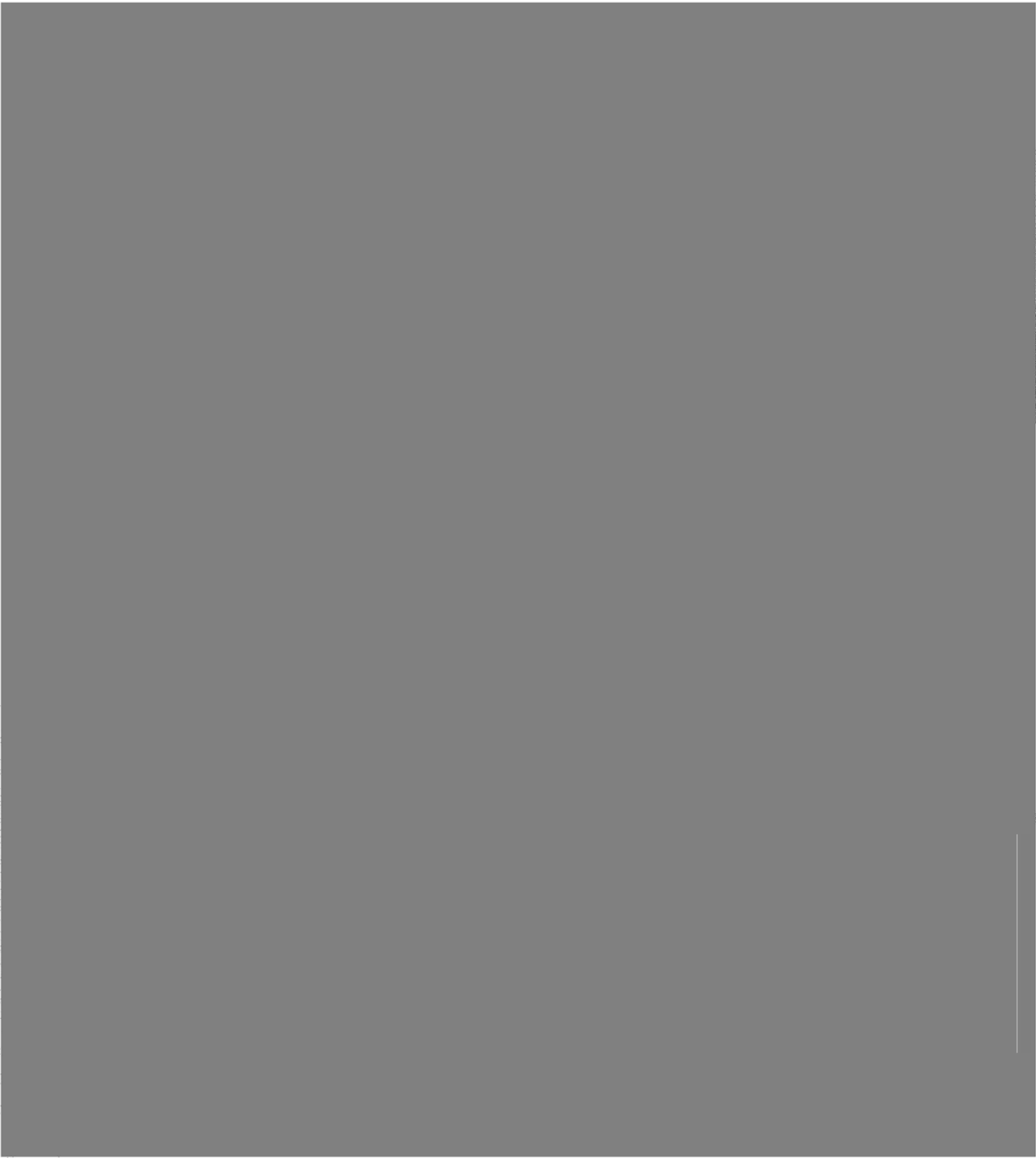
Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)



[christophera@cod.edu](mailto:christophera@cod.edu) or (630) 542-2844.

Respectfully,  
College of DuPage





60137-999955

