

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1632171

Vendor Name: Step Up for Mental Health

Invoice Number: HONORARIUM 5/21/21

Invoice Date: 05/21/21

PO Number:

Check Number: 0281780

Check Amount: \$ 200.00

Check Date: 06/08/2021

Department ID: 00789

Reviewer Name:

Voucher Number: V0682801

Redaction Type: None

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

Document Below

# AP VERIFIED

## 05/26/21 - ISABEL BARRIOS

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: 5/21/2021  
Vendor ID: 1632171

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
No Invoice/Honorarium for Writers Read	01	80	00789	5309001	Other Contractual Services Exp	\$ 200.00
<b>Grand Total</b>						<u>\$ 200.00</u>

**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 in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Step Up for Mental Health

Payee Address: PO Box 477852, Chicago, IL 60647

Other Instructions: Please mail check to payee.

**Description on Check:**

Honorarium - Panel Speaker

**Approvals:**

Prepared By: Amy McConnell

Signature: \_\_\_\_\_

Payment Due: asap

Board Approved Date: \_\_\_\_\_

Approved By: Lisa Stock Date: \_\_\_\_\_

Signature: **APPROVED**  
By Lisa Stock at 8:09 am, May 25, 2021

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)**

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Entity type ☐ Partnership ☒ Other ☐ Nonprofit 501(c)(3) ☒ Exempt from backup withholding

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Date **03/12/2021**

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**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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From: McConnell, Amy <mcconnella1369@cod.edu>  
Sent: Wed May 26 13:12:58 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Step Up For Mental Health Check Request  
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Hello,

Please process the honorarium for the Writers Read panelist.

Thank you,

Amy McConnell  
Administrative Assistant to Dr. Lisa Stock, Academic Affairs  
College of DuPage | 425 Fawell Blvd. | BIC 3B15A | Glen Ellyn, IL 60137  
(630) 942-3342 (phone) | (630) 942-3925 (fax) | [mcconnella1369@cod.edu](mailto:mcconnella1369@cod.edu)

[attachment: W-9.pdf]

[attachment: CHECK REQUEST - Step Up for Mental Health.pdf]