

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1583308

Vendor Name: Mary Zalinger

Invoice Number: 061721

Invoice Date: 06/17/21

PO Number:

Check Number: 0282378

Check Amount: \$ 150.00

Check Date: 06/22/2021

Department ID: 00237

Reviewer Name:

Voucher Number: V0687250

Redaction Type: None

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

Document Below

## 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: 6/17/2021

Vendor ID: 1583308

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	10	00237	5908001	#N/A	\$ 150.00
Grand Total							\$ 150.00

Check the appropriate box below and sign



**AP VERIFIED**  
**06/17/21 - ISABEL BARRIOS**  
 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:

Other  
Instructions:

Payee Address:

Description on Check:

Presentation/lecturer for the Physical Therapist Assistant program for 6/16/21 for \$150.00

## Approvals:

Prepared By:

Jessica Lang

Approved By:

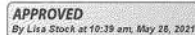
Lisa Stock

Date:

Signature:



Signature:



Payment Due:

\$150.00

Approved By:

Date:

Board Approved 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)

**From:** [Lang, Jessica](#)  
**To:** [Stock, Lisa](#)  
**Subject:** RE: PHYTA 2104 speakers  
**Date:** Thursday, May 27, 2021 11:06:00 AM

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Thank you Lisa!

*Jessica Lang*

Program Support Specialist, Nursing & Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
[langj@cod.edu](mailto:langj@cod.edu)

**From:** Stock, Lisa <[stockl@cod.edu](mailto:stockl@cod.edu)>  
**Sent:** Thursday, May 27, 2021 11:05 AM  
**To:** Lang, Jessica <[langj@cod.edu](mailto:langj@cod.edu)>  
**Subject:** RE: PHYTA 2104 speakers

approved

Lisa Stock, Ph.D.  
Assistant Provost of Instruction

College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137  
Phone: 630-942-2652

**From:** Lang, Jessica <[langj@cod.edu](mailto:langj@cod.edu)>  
**Sent:** Wednesday, May 26, 2021 9:01 PM  
**To:** Stock, Lisa <[stockl@cod.edu](mailto:stockl@cod.edu)>  
**Cc:** McConnell, Amy <[mcconnella1369@cod.edu](mailto:mcconnella1369@cod.edu)>  
**Subject:** RE: PHYTA 2104 speakers

Good Evening Lisa,

Just wanted to check in to see if you approve of the below speakers for the PTA program.

Thanks,

*Jessica Lang*

Program Support Specialist, Nursing & Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
[langj@cod.edu](mailto:langj@cod.edu)

**From:** Lang, Jessica  
**Sent:** Tuesday, May 18, 2021 5:41 PM  
**To:** Stock, Lisa <[stockl@cod.edu](mailto:stockl@cod.edu)>  
**Cc:** McConnell, Amy <[mcconnella1369@cod.edu](mailto:mcconnella1369@cod.edu)>  
**Subject:** FW: PHYTA 2104 speakers

Hi Lisa,

Sharon would like to have the below guest speakers for the PTA program; do you approve? We have a budget set aside for this.

Thank you,

*Jessica Lang*

Program Support Specialist, Nursing & Health Sciences  
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630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
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**From:** Lang, Jessica  
**Sent:** Tuesday, May 18, 2021 5:35 PM  
**To:** Roschay, Sharon <[roschay@cod.edu](mailto:roschay@cod.edu)>  
**Subject:** RE: PHYTA 2104 speakers

Thank you!!

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**From:** Roschay, Sharon <[roschay@cod.edu](mailto:roschay@cod.edu)>  
**Sent:** Tuesday, May 18, 2021 5:34 PM  
**To:** Lang, Jessica <[langj@cod.edu](mailto:langj@cod.edu)>  
**Subject:** RE: PHYTA 2104 speakers

Hi Jessica,  
I knew I was forgetting something.  
Sorry!  
Take care.  
Sharon

**From:** Lang, Jessica <[langj@cod.edu](mailto:langj@cod.edu)>  
**Sent:** Tuesday, May 18, 2021 5:30 PM  
**To:** Roschay, Sharon <[roschay@cod.edu](mailto:roschay@cod.edu)>  
**Subject:** RE: PHYTA 2104 speakers

Hi Sharon,

Could you please how much you would like to pay each of them and then I will send to Lisa for approval? I am still waiting on a W9 from Mitchell Anderson and Micheline Mennecke.

Thanks,

*Jessica Lang*

Program Support Specialist, Nursing & Health Sciences  
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630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
[langj@cod.edu](mailto:langj@cod.edu)

**From:** Roschay, Sharon <[roschay@cod.edu](mailto:roschay@cod.edu)>  
**Sent:** Tuesday, May 18, 2021 5:27 PM  
**To:** Lang, Jessica <[langj@cod.edu](mailto:langj@cod.edu)>  
**Subject:** PHYTA 2104 speakers

Mon 6/14	Vestibular rehabilitation	\$150
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Sharon Roschay  
Professor  
Program Director and Academic Coordinator of Clinical Education  
Physical Therapist Assistant Program  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
(630) 942-3337  
[roschay@cod.edu](mailto:roschay@cod.edu)

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From: Lang, Jessica <langj@cod.edu>  
Sent: Thu Jun 17 09:30:17 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Check Request Form - Zalinger  
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Jessica Lang  
Program Support Specialist, Nursing & Health Sciences  
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[attachment: Check Request Form - Zalinger -sent to AP 6.17.21.pdf]