

Information:


Drawer: Accounts Payable - Invoices  
Vendor Number: 1526307  
Vendor Name: Debra Ball  
Invoice Number: 081121  
Invoice Date: 08/11/21  
PO Number:  
Check Number: 0284715  
Check Amount: \$ 300.00  
Check Date: 09/14/2021  
Voucher Number: V0695847  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: Dietz, Teresa <norrist@cod.edu>  
Sent: Fri Aug 27 15:46:43 CDT 2021  
To: invoicing@cod.edu  
CC: millermo@cod.edu  
Subject: GenCyber Teacher Stipend  
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Please process the attached check request.

Teresa Dietz  
Program Support Specialist  
Business and Applied Technology  
College of DuPage  
630-942-3997

[attachment: 2021 Check Requests\_Teacher Stipends\_Dean Signature .pdf]

College of DuPage - Accounts Payable  
Check Request Form  
revised 1/29/2021

**APPROVED**  
**By Ben Ho at 12:28 pm, Aug 16, 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: 8/11/2021  
Vendor ID: [REDACTED]

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
See Grant Proposal	06	10	02737	5309001	Other Contractual Services Exp	\$300.00
Grand Total						\$300.00

Check the appropriate box below and sign

**AP VERIFIED**

☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided in a satisfactory condition/manner. Consequently, payment is requested at this time.

**08/30/21 - MARIA ZERRUDO**

☒ 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:

Teacher Stipend for GenCyber Teacher Camp 6/7/2021-6/18/2021

**Approvals:**

Prepared By: Justin Wagner

Signature: [REDACTED]

Payment Due: Upon Approval

Board Approved Date: [REDACTED]

Approved By:

Signature:

Approved By: Kris Fay, Dean, Bus. & App. Tech. Div.

Signature:

**Kris Fay**

Approved By Division  
VP:

Signature:

Date:  
8/11/2021

Date:

Digitally signed by Kris Fay  
Date: 2021.08.25 17:05:45 -05'00'

Date:

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