

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1635776

Vendor Name: Ashley Elslager

Invoice Number: 081121

Invoice Date: 08/11/21

PO Number:

Check Number: 0284750

Check Amount: \$ 300.00

Check Date: 09/14/2021

Voucher Number: V0695854

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

Document Below

From: Dietz, Teresa <norrist@cod.edu>
Sent: Fri Aug 27 15:46:17 CDT 2021
To: invoicing@cod.edu
CC: millermo@cod.edu
Subject: GenCyber Teacher Stipend

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 A Elslager.pdf]

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

APPROVED

By Ben Ho at 12:29 pm, Aug 16, 2021

Date: 8/11/2021
Vendor ID: 1635776

| 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

AP VERIFIED

Check the appropriate box below and sign.

08/30/21 - MARIA ZERRUDO

☒ 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.

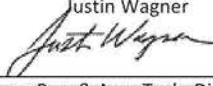
Payee Name: Elslager, Ashley Other Instructions:
Payee Address: 9416 Jefferson Ave
Brookfield, IL 60513

Description on Check:

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

Approvals:

Prepared By: Justin Wagner
Signature:
Payment Due: Upon Approval
Board Approved Date:

Approved By: Justin Wagner Date: 8/11/2021
Signature: 
Approved By: Kris Fay, Dean, Bus. & App. Tech. Div. Date:
Signature: Kris Fay Digitally signed by Kris Fay
Date: 2021.08.25 17:09:41 -05'00'
Approved By Division VP: Date:
Signature:

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