

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1635782

Vendor Name: John Freeburg

Invoice Number: 081121

Invoice Date: 08/11/21

PO Number:

Check Number: 0284761

Check Amount: \$ 300.00

Check Date: 09/14/2021

Voucher Number: V0695850

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

Document Below

From: Dietz, Teresa <norrist@cod.edu>
Sent: Fri Aug 27 15:47:10 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 J Freeburg.pdf]

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

APPROVED

By Ben Ho at 12:30 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: 1635782

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

AP VERIFIED Grand Total

\$300.00

08/30/21 - MARIA ZERRUDO

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.

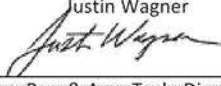
Payee Name: Freeburg, John Other Instructions:
Payee Address: 1922 CR 650
Rye, CO 81069

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 17:12:44 -05'00'
Approved By Division VP: Date:
Signature:

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