

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1515688

Vendor Name: Kristel G. Garcia

Invoice Number: 081121

Invoice Date: 08/11/21

PO Number:

Check Number: 0284762

Check Amount: \$ 300.00

Check Date: 09/14/2021

Voucher Number: V0695843


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

Document Below

From: Dietz, Teresa <norrist@cod.edu>
Sent: Fri Aug 27 15:47:31 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 

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: [REDACTED]

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

AP VERIFIED
08/30/21 - MARIA ZERRUDO

\$300.00

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:

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: [REDACTED]

Signature: [REDACTED]

Justin Wagner

Date:
8/11/2021

Digitally signed by Kris Fay
Date: 2021.08.25 17:13:20 -05'00'

Date:

Date:

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