

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0757622

Vendor Name: Ms Tracy L. Guerrieri

Invoice Number: 081121

Invoice Date: 08/11/21

PO Number:

Check Number: 0284771

Check Amount: \$ 590.00

Check Date: 09/14/2021

Voucher Number: V0695682


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

Document Below

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From: Dietz, Teresa <norrist@cod.edu>  
Sent: Fri Aug 27 15:48:38 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 .pdf]

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

**APPROVED**

**By Ben Ho at 12:31 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

**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:

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]

Date:  
8/11/2021

Date:

Digitally signed by Kris Fay  
Date: 2021.08.25 17:16:36 -05'00'

Date:

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

Information:


Drawer: Accounts Payable - Invoices  
Vendor Number: 0757622  
Vendor Name: Ms Tracy L. Guerrieri  
Invoice Number: 081121A  
Invoice Date: 08/11/21  
PO Number:  
Check Number: 0284771  
Check Amount: \$ 590.00  
Check Date: 09/14/2021  
Voucher Number: V0695855  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: Dietz, Teresa <norrist@cod.edu>  
Sent: Fri Aug 27 15:45:23 CDT 2021  
To: invoicing@cod.edu  
CC: millermo@cod.edu  
Subject: GenCyber Equipment Assistant 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\_Equipment\_ALL Camps Dean Signature .pdf]

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

**APPROVED**

**By Ben Ho at 12:26 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	02738	5309001	Other Contractual Services Exp	\$290.00

Grand Total

\$290.00

**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:

Other Instructions:

Payee Address:

Description on Check:

Equipment Assistant for GenCyber Student Camp 6/21/2021-7/2/2021

**Approvals:**

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

Approved By: Justin Wagner  
Signature: [Signature]  
Date: 8/11/2021  
Approved By: Kris Fay, Dean, Bus. & App. Tech. Div.  
Signature: [REDACTED]  
Date: [REDACTED]  
Approved By Division VP: [REDACTED]  
Signature: [REDACTED]  
Date: [REDACTED]

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