

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1635855

Vendor Name: Tammy L. Raplan-Zadel

Invoice Number: 8/11/21

Invoice Date: 08/11/21

PO Number:

Check Number: 0284856

Check Amount: \$ 300.00

Check Date: 09/14/2021

Voucher Number: V0695564

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

Document Below

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

**APPROVED**  
**By Ben Ho at 12:33 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: 1635855

| 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 - BETHANY CRUSE**

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.

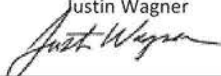
Payee Name: Raplan-Zadel, Tammy Other Instructions:  
Payee Address: 25163 W Meadowlark Drive  
Channahon, IL 60410

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 17:31:32 -05'00'  
Approved By Division VP: Date:  
Signature:

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

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From: Dietz, Teresa <norrist@cod.edu>  
Sent: Fri Aug 27 15:48:49 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 T Zadel.pdf]