

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1641413

Vendor Name: Liquid Kourage Entertainment LLC

Invoice Number: 9/15/11

Invoice Date: 9/15/2021

PO Number:

Check Number: 0287975

Check Amount: \$ 350.00

Check Date: 10/12/2021

Voucher Number: V0705901

Document Type: AP Invoice

Document Below

Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 9/15/2021 Vendor ID: 1641413 Vendor Name: Jason Borsom/Liquid Kourage

Payee Address: 6215 Blue Rigde Drive, Plainfield IL 60586 Payment Due Date: October 11, 2021

| Invoice Number | GL Account number(s) e.g. 01-80-00757-5401001 | GL Account Name e.g. Office Supplies | Amount |
|----------------|--|---|-----------|
| honorarium | 01-90-00825-5309001 | Other Contractual Services | 350.00 |
| | | | |
| | | | |
| | | | |
| Total | | | \$ 350.00 |

Check the appropriate box below:

- ☐ 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.

Description on Check:

STEM Week (October 2021) trivia night sponsor

Other Instructions:

DESCRIPTION: STEM themed trivia focusing on COD programs.

All requests will require the following approvals:

Requester: Sara M. Spaniol Digitally signed by Sara M. Spaniol
Date: 2021.09.28 10:16:32 -05'00' Print Name: Sara M. Spaniol

Budget Officer: Laurette Jorgensen Digitally signed by Laurette Jorgensen
Date: 2021.09.28 13:39:31 -05'00' Print Name: Laurie Jorgensen

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

Check Request Form (cont.)

Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

"Metcalf, Marsha" <metcalf@cod.edu>

Liquid Kourage check request

"Metcalf, Marsha" <metcalf@cod.edu>

Wed, Sep 29, 2021 at 02:28 PM GMT

CC: Spaniol, Sara <mccubbinss@cod.edu>, Jorgensen, Laurette <jorgensenl@cod.edu>

BCC:

Please contact Sara Spaniol or Laurie Jorgensen if you have questions.

Marsha Metcalf

Administrative Assistant, Marketing and Communications

College of DuPage

425 Fawell Blvd., Glen Ellyn, IL 60137

Phone (630) 942-3370 | metcalf@cod.edu | cod.edu

Office Location Institutional Resource Center (IRC) 1045

1 attachment

L Kourage check request FY 22.pdf