

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084232

Vendor Name: Digital Juice Inc.

Invoice Number: 1331030

Invoice Date: 4/11/2022

PO Number:

Check Number: 0299093

Check Amount: \$ 99.95

Check Date: 05/13/2022

Voucher Number: V0736552

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: 4/11/22 Vendor ID: 1084232 Vendor Name: Digital Juice Inc.
 Payee Address: Digital Juice, Inc. 18981 US Hwy 441, Suite 354 Mount Dora, FL 32757 Payment Due Date: 4/15/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1331030	01-90-16815-5309001	Multimedia Services/Other Contractual Services Exp	99.95
Total			\$ 99.95

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:

Yearly Subscription Fee

Other Instructions:

All requests will require the following approvals:

Requester: Jennifer Hiar Digitally signed by Jennifer Hiar
Date: 2022.04.11 11:58:51 -05'00' Print Name: Jennifer Hiar
 Budget Officer: Jim Nocera Digitally signed by Jim Nocera
Date: 2022.04.11 11:59:09 -05'00' Print Name: Jim Nocera

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.

Hiar, Jennifer

From: noreply@digitaljuice.com
Sent: Monday, April 11, 2022 11:44 AM
To: Hiar, Jennifer
Subject: [External] Digital Juice Receipt No. 1331030

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.



Quote

Billed To:


multimedia2468@gmail.com
Jim Nocera

Account #: 264920

Order #: 1331030

Date: Apr 10, 2022

Order Total: \$99.95

Item	Price
 YEARLY SUBSCRIPTION FEE	\$99.95
Order Total: \$99.95	

Digital Juice, Inc.
18981 US Hwy 441, Suite 354
Mount Dora, FL 32757
CustomerService@DigitalJuice.com

"Hiar, Jennifer" <hiarj@cod.edu>

Check Request - Multimedia Services - Digital Juice

"Hiar, Jennifer" <hiarj@cod.edu>

Tue, Apr 12, 2022 at 01:05 PM GMT

CC:

BCC:

Hi,

Please see the attached check request with quote.

Thank you.

Jen Hiar

Administrative Assistant

College of DuPage

Multimedia Services – CHC2023

425 Fawell Blvd.

Glen Ellyn, IL 60137

-----hiarj@cod.edu

630-942-3299

1 attachment

Check Request Form_DigitalJuice_041122.pdf