

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1670548

Vendor Name: Acco Brands Usa Llc

Invoice Number: 9/12/2022

Invoice Date: 9/12/2022

PO Number:

Check Number: 0302237

Check Amount: \$ 47.70

Check Date: 09/13/2022

Voucher Number: V0752583

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: 9/12/2022 Vendor ID: 1670548 Vendor Name: ACCO Brands Direct

Payee Address: PO BOX 400, Sidney, NY 13838 Payment Due Date: With Order Form 9/12/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Order Form Attached	01-90-00817-5401001	Office Supplies	47.70
Total			\$ 47.70

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:

Other Instructions:

Please mail to vendor at above address

** E-mail Kathy to pick up check on Wednesday*

All requests will require the following approvals:

Requester: Kathy Cosentino Digitally signed by Kathy Cosentino
Date: 2022.09.12 10:42:32 -05'00' Print Name: Kathy Cosentino

Budget Officer: James Kostecki Digitally signed by James Kostecki
Date: 2022.09.12 11:27:27 -05'00' Print Name: James Kostecki

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

ACCO Brands Direct ORDER FORM

PO Box 400 • Sidney, NY 13838

PHONE: 800-365-9327

FAX: 800-832-6625

E-MAIL: s-cop-calendars@acco.com

Date: 9/12/2022

Previous Order # _____

Customer # _____

Name: Kathy Cosentino, College of DuPage

Address: 425 Fawell Blvd

City, State, ZIP: Glen Ellyn, IL 60137

*Telephone # 630-942-2903

FAX # _____

* E-mail: cosent@cod.edu

~~~~~ **ALL ORDERS REQUIRE PREPAYMENT** ~~~~~

☒ Make check payable to "ACCO BRANDS DIRECT" (\$20.00 Service Charge on All Returned Checks) send to ACCO Brands Direct, PO BOX 400, Sidney, NY 13838

☐ Credit Card: ☐ - Visa ☐ - MasterCard ☐ - Discover Card ☐ - American Express


☐ Same address as Shipping

If different address, please enter here: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCID/CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

| QUANTITY                                                                            | ITEM               | UNIT PRICE | EXTENDED PRICE  |
|-------------------------------------------------------------------------------------|--------------------|------------|-----------------|
| 1                                                                                   | 70951G0523 Planner | 36.00      | 36.00           |
|                                                                                     |                    |            |                 |
|                                                                                     |                    |            |                 |
|                                                                                     |                    |            |                 |
|                                                                                     |                    |            |                 |
|                                                                                     |                    |            |                 |
|  |                    | SUBTOTAL   | \$36.00         |
|                                                                                     |                    | SHIPPING   | \$9.45          |
|                                                                                     |                    | SALES TAX  | \$2.25          |
|                                                                                     |                    | TOTAL      | <b>\$ 47.70</b> |

For questions you may e-mail us at [s-cop-calendars@acco.com](mailto:s-cop-calendars@acco.com)

"Zerrudo, Maria" <zerrudom@cod.edu>

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**FW: Check Request**

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"Zerrudo, Maria" <zerrudom@cod.edu>

Mon, Sep 12, 2022 at 07:43 PM GMT

CC:

BCC:

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**From:** Sekerka, Joyce <sekerkaj@cod.edu>  
**Sent:** Monday, September 12, 2022 11:41 AM  
**To:** Zerrudo, Maria <zerrudom@cod.edu>  
**Subject:** Check Request

Hi Marivic,

Please process the attached check request. Please add it to our check pick up list for Wednesday pick up.

Thanks,

Joyce

**Joyce Sekerka**

**Accounts Payable Supervisor**

**College of DuPage**

425 Fawell Blvd.

Glen Ellyn, IL 60137-6599

630-942-2293

Email: [sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)

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**From:** Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Sent:** Monday, September 12, 2022 11:38 AM  
**To:** Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Subject:** Attached Image

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**2 attachments**

1280\_001.pdf

image001.jpg