

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1642927  
Vendor Name: Police Records and Information Manageme  
Invoice Number: 17026  
Invoice Date: 8/31/2022  
PO Number:  
Check Number: 0302417  
Check Amount: \$ 159.00  
Check Date: 09/13/2022  
Voucher Number: V0751617  
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: 08-31-2022 Vendor ID: 1642927 Vendor Name: Police Records and I  
 Payee Address: 299 Alhambra Cr Ste 316, C Payment Due Date: 08/19/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
to cover the training	01-70-00697-5502005	State Conference Co	159.00
Total			\$ 159.00

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:

Training for Records Manager - Susan Watts.

Other Instructions:

Please send a check to the vendor (Police Records and Information Management Group) to cover the training expense. The actual training took place on August 19th, and this invoice needs to be paid.

**All requests will require the following approvals:**

Requester: [Signature] Print Name: James Nehls

Budget Officer: [Signature] Print Name: JOSEPH MULLIN

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](mailto:invoicing@cod.edu)**



PRI Management Group  
150 Alhambra Cir Ste 1270  
Coral Gables, FL 33134  
(305)460-0096  
info@police recordsmanagement.com  
http://police recordsmanagement.com

## INVOICE

**BILL TO**

College of DuPage IL PD  
425 Fawell Blvd  
Glen Ellyn, IL 60137

**INVOICE # 17026****DATE 05/18/2022****DUE DATE 05/18/2022****TERMS Due on receipt****ACTIVITY****AMOUNT**

Webinar Sealing and Expunging Records  
Webinar Sealing and Expunging Records: 8/19/2022, 1 @ \$159.00  
Susan Watts

159.00

**BALANCE DUE****\$159.00**

Accounts Payable <acctpay@cod.edu>

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**FW: Check Request form**

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Accounts Payable <acctpay@cod.edu>

Thu, Sep 1, 2022 at 06:54 PM GMT

CC:

BCC:

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**From:** Nehls, James <nehlsj156@cod.edu>  
**Sent:** Wednesday, August 31, 2022 1:34 PM  
**To:** Accounts Payable <acctpay@cod.edu>; Invoicing <invoicing@cod.edu>  
**Subject:** Check Request form

Please process.

Thank you,

Deputy Chief James Nehls

College of DuPage Police Department

630-942-4277

[nehlsj156@cod.edu](mailto:nehlsj156@cod.edu)

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**1 attachment**

1390\_001.pdf