

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555049
Vendor Name: Innovation Dupage
Invoice Number: 1089
Invoice Date: 3/3/2023
PO Number:
Check Number: E0094199
Check Amount: \$ 6,500.00
Check Date: 03/14/2023
Voucher Number: V0776839
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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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.

Innovation DuPage
535 Duane St
Glen Ellyn, IL 60137 US
(630) 942-2316



INVOICE

BILL TO

Blackhawk Middle School
250 South Church Street
Bensenville, IL 60106

INVOICE # 1089**DATE** 06/30/2022**DUE DATE** 08/31/2022**TERMS** Due on receipt

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
08/15/2022	Hours	Entrepreneurship and Intrapreneurship cohort taught 1/12/2022 - 5/13/2022	1	6,500.00	6,500.00

See attached breakdown of subject matter covered by week

BALANCE DUE**\$6,500.00**

"McLaughlin, Ashley" <mclaughl@cod.edu>

Check Request for Innovation DuPage

"McLaughlin, Ashley" <mclaughl@cod.edu>

Thu, Mar 9, 2023 at 08:07 PM UTC

CC: Cassidy, Joe <cassidyj1180@cod.edu>, Deasy, Daniel <deasyd@cod.edu>

BCC:

Hi Invoicing,

Attached is a check request for Innovation DuPage.

Please let us know if you need anything else.

Thanks,

Ashley

Ashley McLaughlin

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

(630) 942-2209 | mclaughl@cod.edu | www.cod.edu/academics/conted/basic/

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1 attachment

Check Request Form ID 3.3.23-2.pdf