

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087636

Vendor Name: Carol Stream Postmaster

Check Details:

Check Number: 0339915

Check Amount: \$ 13,826.63

Check Date: 6/11/2025

Invoice Details:

Invoice Number: 847790

Invoice Date: 6/2/2025

PO Number: NULL

Voucher Number: V0888467

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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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.



INVOICE

Invoice #	Invoice Date
847790	06/02/2025
Sales Rep: Rick Smolke	
Customer#: 21957	
Page : 1 of 1	

Tax Exempt:E9997-3391-06

BILL TO:

College of DuPage
425 Fawell Boulevard
Glen Ellyn,IL 60137

SHIP TO:

College of DuPage
425 Fawell Boulevard
Glen Ellyn,IL 60137

Attn:

Ref/PO#

Customer's Terms	Customer's Phone	Customer's Fax	Customer Contact	Purchase Order #	Customer Service Rep.
Net 30 Day	(630) 942-2263		Janey Sarther	17525	Vince Ursetta
Quantity	Description				

1 Hokusai Mailer -

- " Postage for Hokusai Programming Brochure
- " Check made payable to Carol Stream Postmaster

1 Postage

Ship Via	Sub-Total	Tax Rate %	Tax	Freight	Deposit	Amount Due
FOB Quik	13,826.63	0.000		0.00	0.00 \$	13,826.63

Thank You

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Check Request - Carol Stream Postmaster Quik Impressions (Hokusai Advertising)

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Tue, Jun 3, 2025 at 08:54 PM UTC

CC:

BCC:

For processing. Thank you!

Linda Sharbaugh

McAninch Arts Center, College of DuPage

sharbaughl@cod.edu | 630-942-3009

pronouns: she/her

1 attachment

Carol Stream Postmaster Quik Hokusai Check Request 13826.63 lsmjdm.pdf