

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1540938

Vendor Name: Assistance League of Chicagoland West

Check Details:

Check Number: E0109640

Check Amount: \$ 39.06

Check Date: 9/23/2025

Invoice Details:

Invoice Number: 1540938 091225

Invoice Date: 9/12/2025

PO Number: NULL

Voucher Number: V0900527

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.

Assistance League of Chicagoland West
120 E. Ogden Ave. – Suite 100
Hinsdale, IL 60521

Dear Chicagoland Italian American Charitable Organization,

The college will be sending a check for unused scholarship funds for the following student(s):

Name	Social Security Number	Return Code	Term	Amount
Par, Thlavi	XXX-XX- 3345	RSD	Spring 2025	\$39.06
Total:				\$39.06

Please review your funds accordingly upon arrival. Please see return code guide below for reason funds are being returned. Checks should be sent out within 3-4 weeks of notice. If you require any additional documentation or need to speak to me, please feel free to contact me.

Thank you.

Daniela Servin-Garcia

Daniela Servin-Garcia
Manager Scholarships, Outreach, and Student Work-Study
Phone: (630) 942 - 2283
Email: servin-garciad@cod.edu
College of DuPage



Return Code

W- Student withdrew
RSD- Remaining Scholarship Dollars
DNE – Did not enroll

Student Information

Thluai Par - ID#: 1644089

Check Date	Scholarship Name/Donor	Check Amount	Check #
7/29/2024	Assistance League of Chicagoland West	\$2,500.00	5289
	TOTAL:	\$2,500.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
2/17/2025	Spring 2025	\$2,460.94	
	TOTAL:	\$2,460.94	

Total of payments received:	\$2,500.00
Total of funds paid to student:	\$2,460.94
Difference owed to scholarship donor:	\$39.06

Assistance League Chicagoland West
120 E. Ogden Avenue
Suite 100
Hinsdale, IL 60521



July 26, 2024

Office of Student Financial Assistance
Student Computing Center Room 123
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137

Greetings:

Assistance League Chicagoland West is pleased to advise that the following COD students have been awarded a \$2500 scholarship by our philanthropy. (The amount of our scholarship has been decreased due to financial constraints and increasing need in our other philanthropic programs.)

Avian Askew Student # 1733060

Thluai Par Student # 1644089

Abigail Zacatzi Student # 1562706


The following conditions apply to this scholarship:

- The student must be enrolled in at least 6 credit hours toward a degree or certification.
- The student must maintain a GPA of at least 2.50.
- The funds from this scholarship may be used for COD tuition, course fees, or books.
- **Any unused portion of these funds remaining after the end of this term should remain in the student's account as long as she is enrolled in classes at College of DuPage and meets the above criteria.**

Two copies of this letter have been enclosed. Please sign one copy to acknowledge deposit of the Assistance League Chicagoland West check into this student's account and that the conditions above will be followed. Please return one signed copy to Assistance League in the enclosed stamped and addressed envelope and retain the other copy for your records.

Thank you,


Christine Hotchkin, Chair
Scholars Support Committee, Assistance League Chicagoland West

Signature 
(Acknowledging on behalf of College of DuPage)

Print Name Daniela Servin-Garcia Title Scholarship Coordinator

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

ASSISTANCE LEAGUE OF CHICAGOLAND WEST
120 E. Ogden Avenue, Suite 100
Hinsdale, IL 60521
(630) 321-2529

Hinsdale Bank and Trust Company
HINSDALE, IL 60521
Hinsdale, IL
70-2540/719

5289

07/29/2024

Pay to the
Order of College of Du Page \$**7,500.00

Seven thousand five hundred and 00/100***** Dollars

Office of Student Financial Assistance, SCC RM 123
College of Du Page
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599

~~FBO Fatima Munoz~~, Avian Askew & Thiui Par
ABIGAIL ZACATZI

005289 0719254021 0250005646

[Signature]
[Signature]

ASSISTANCE LEAGUE OF CHICAGOLAND WEST
07/29/2024 College of Du Page

5289

Scholarship in benefit of Avian Askew, Thiui Par and

7,500.00

ABIGAIL ZACATZI

Checking #...5646

FBO Fatima Munoz

7,500.00

"Servin-Garcia, Daniela" <servin-garciad@cod.edu>

Check Request - Assistance League

"Servin-Garcia, Daniela" <servin-garciad@cod.edu>

Wed, Sep 17, 2025 at 03:53 PM UTC

CC:

BCC:

Hello,

Attached is a new check request to process.

Daniela Servin-Garcia

Manager, Scholarship, Outreach, Student Work-Study|Student Financial Assistance

Phone: (630) 942-2283

Email: servin-garciad@cod.edu

Please visit financial aid in the Enrollment Center in SSC 2280.

Mail Scholarship Checks to:

College of DuPage

Attn: Daniela Servin-Garcia

Student Services Center (SSC) Room 2280

425 Fawell Blvd

Glen Ellyn, IL 60137

2 attachments

Check Request - Assistance League of Chicagoland West (Par).pdf

image001.png