

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1780501

**Vendor Name:** Buff Inc

**Check Details:**

**Check Number:** E0109644

**Check Amount:** \$ 1,390.00

**Check Date:** 9/23/2025

**Invoice Details:**

**Invoice Number:** 75801 VN

**Invoice Date:** 9/9/2025

**PO Number:** NULL

**Voucher Number:** V0899772

**Document Type:** AP Invoice

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



Remit to: Buff, Inc.  
P.O. Box 884923  
www.buff.com  
Los Angeles CA 90088-4923  
United States

DATE 25/09/09  
PROFORMA INVOICE 75801 VN  
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**INVOICE TO:**  
College of Dupage Shipping and Receiving  
425 Fawell Blvd  
Glen Ellyn IL 60137  
United States

**SOLD TO:**  
College of Dupage Shipping and Receiving  
425 Fawell Blvd  
Glen Ellyn IL 60137  
United States  
Client Code:511911  
VAT:

Item	Description	Unit	Unit price	Discount	Net Unit Price	Total amount
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Reference: Custom/ REQUESTED DATE: 25/10/01

**SHIP TO: College of Dupage Shipping and Receiving 425 Fawell Blvd Glen Ellyn IL 60137 United States**

139619.937.10.00	ORIGINAL ECOSTRETCH COLLEGE OF DUPAGE 2025	100	13.90	13.90	1,390.00
	173070501				

DELIVERED AT PLACE (DAP)

NET AMOUNT	FREIGHT CHARGES	PREPAID	SUBTOTAL	TAX	TOTAL AMOUNT
1,390.00			1,390.00		1,390.00 USD

Payment Conditions:	DO NOT APPLY Due upon Shipping Due upon Shipping
Freight	DELIVERED AT PLACE (DAP) Agency: FEDERAL EXPRESS CORPORATION



BUFF INC.

ACH DOMESTIC FUNDS TRANSFER

Transfer to:  
WELLS FARGO BANK

8844 Lakewood Dr.

Windsor, CA 95492

Beneficiary: Buff Inc.

Checking Account Number:  
6554105947

Routing Number: 121042882

Please ensure all remit details are  
sent to : AR.USA@Buff.com

"McKellin, Maren" <mckellin@cod.edu>

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**Check Request - Buff Inc.**

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"McKellin, Maren" <mckellin@cod.edu>

Tue, Sep 9, 2025 at 02:55 PM UTC

CC: Fernandez Cifuentes, Camila <fernandezc804@cod.edu>

BCC:

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Please pay the attached via ACH.

Thanks,

Maren

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**1 attachment**

Check Request Buff Inc.pdf