

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1744809

Vendor Name: Chicagoland Italian American Charitable Organization

Check Details:

Check Number: 0342655

Check Amount: \$ 3.00

Check Date: 9/23/2025

Invoice Details:

Invoice Number: 1538549 091225

Invoice Date: 9/12/2025

PO Number: NULL

Voucher Number: V0900514

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.

Chicagoland Italian American Charitable Organization
3800 Division St
Stone Park, IL 60165

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
Revello, Christina	XXX-XX- 5711	RSD	2019-2020	\$3.00
Total:				\$3.00

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

Christina Revello - ID#: 1538549

Check Date	Scholarship Name/Donor	Check Amount	Check #
7/25/2019	Chicagoland Italian American Charitable Organization	\$2,500.00	6026
TOTAL:		\$2,500.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
1/21/2020	Spring 2020	\$1,457.50	
7/14/2020	Summer 2020	\$835.00	
8/24/2020	Fall 2020	\$204.50	
TOTAL:		\$2,497.00	

Total of payments received:	\$2,500.00
Total of funds paid to student:	\$2,497.00
Difference owed to scholarship donor:	\$3.00

CHICAGOLAND ITALIAN AMERICAN
CHARITABLE ORGANIZATION

3800 DIVISION ST
STONE PARK, IL 60165

6026



70-2619/719

DATE

7/25/19

PAY
TO THE
ORDER OF

College of DuPage

\$ 2500.00

Two Thousand Five Hundred and no/100

DOLLARS



Security Features
available
Details on back



BLOOMINGDALE
BANK & TRUST™

A branch of Sunamby Bank & Trust Company, N.A.

A Wintrust Community Bank

FOR CHRISTINA REVELLO id# 1538549

Frank Redini

NP

⑈006026⑈ ⑈071926197⑈ 3200004770⑈

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

Check Request - Chicagoland Italian

"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 Requerst - Chicagoland Italian American Charitable Organization (Revello).pdf

image001.png