

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085312

Vendor Name: Glen Ellyn Chamber of Commerce

Check Details:

Check Number: E0109462

Check Amount: \$ 2,987.50

Check Date: 9/9/2025

Invoice Details:

Invoice Number: 09022025

Invoice Date: 9/2/2025

PO Number: NULL

Voucher Number: V0899198

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.

"Schultz, Eric" <schultze399@cod.edu>

REFUND CHECK

"Schultz, Eric" <schultze399@cod.edu>

Tue, Sep 2, 2025 at 04:00 PM UTC

CC:

BCC:

Please see the attached Refund check request to the Glen Ellyn Chamber. They prepaid for all services for the Taste of Glen Ellyn.

However, during Saturday night there was Rain and the event was cancelled early.

The closed at 7p instead of 11p

This refund is for 3 ½ hours of the event supervisor, and the 3 ½ hours of COD PD.

Please process the refund check as soon as possible.

Thanks!

1 attachment

Check Request Form Taste.pdf