

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1517408

Vendor Name: Strategic Cost Control, Inc,Db a Corporate Cost Control

Check Details:

Check Number: 0342306

Check Amount: \$ 950.00

Check Date: 9/3/2025

Invoice Details:

Invoice Number: 2605114094

Invoice Date: 8/26/2025

PO Number: NULL

Voucher Number: V0898988

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



DATE: AUG 26, 2025
INVOICE: 2605114094
ACCOUNT: CCC-10287
ACCT EXEC:
TERMS: 30 NET

Page 1 of 1

For Product Inquiries: Please contact your Account Executive
For Invoice/Collection Inquiries: (800) 695-4698

058000000102870082625000009500000000000000026051140940

"Fay, Marianne" <faym296@cod.edu>

Corporate Cost Control Sept to Nov 2025 Quarterly Invoice for processing

"Fay, Marianne" <faym296@cod.edu>

Wed, Aug 27, 2025 at 03:45 PM UTC

CC:

BCC:

Hi:

Please process the attached invoice.

Thank you,

Marianne

Marianne Fay

Department Administrative Assistant – Human Resources

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

2 attachments

Check request with invoice dated Aug 26 2025 signed.pdf

image001.png