

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1786104 **Vendor Name:** Lake Park High School

**Check Details:**

**Check Number:** 0346719 **Check Amount:** \$ 420.90 **Check Date:** 11/25/2025

**Invoice Details:**

**Invoice Number:** LPHS-10-20-25 **Invoice Date:** 11/6/2025 **PO Number:** NULL **Voucher Number:** V0914297

**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
<b>Total</b>			<b>\$</b>

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)**

# 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.

## Baymon, Tiana

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**From:** Nancy Pelletier <npelletier@lphs.org>  
**Sent:** Friday, October 31, 2025 12:45 PM  
**To:** Baymon, Tiana  
**Subject:** [External] TBTT CIM FORUM BUS REIMBURSEMENT  
**Attachments:** LPHS DISTRICT 108 W-9 EFFECTIVE 07 01 2024.pdf; REIMBURSE BUS COST TO COD.pdf

**CAUTION:** This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Tiana Baymont:

I am seeking reimbursement for the cost of our bus for the Field trip to COD Technical Center on 10/20/25.

The following required information is listed below:

- W-9 Form - Attached
- Vendor Name - Lake Park High School Dist #108
- Vendor Contact Person - Nancy Pelletier - Accounts Payable
- Vendor Email - NPelletier@LPHS.org
- Vendor Phone Number - #630-295-5436
- Invoice for the cost of the bus : First Student invoice # 623587 - Attached.

When the reimbursement check is ready please forward to me a the below listed address as listed on our W-9 form:

Lake Park High School - Attn: Nancy Pelletier  
590 S. Medinah Road  
Roselle, IL 60172-1978

Please contact me directly if you have any questions or need any other information.

Thank you,

Nancy Pelletier  
Accounts Payable  
Lake Park High School Dist #108  
Direct # 630-295-5436  
Fax #630-295-5414



Remit To : First Student, Inc.  
22157 Network Place  
Chicago, IL 60673

OCT 30 2025

Location Phone # : (847) 352-7900

# INVOICE

INVOICE		LOCATION	INVOICE AMOUNT	INVOICE #	PAGE #
		20721	\$420.90	623587	1 of 1
ORDERING CUSTOMER	P O / Contract	INVOICE DATE	PRINTED DATE	ORIG PRINTED	PAYMENT TERMS
LAKE PARK DISTRICT #108		10/28/2025	10/28/2025	10/28/2025	Net 30 Days
BILL TO :			CUSTOMER NUMBER	AMOUNT PAID	
LAKE PARK DISTRICT 108 590 MEDINAH RD ROSELLE, IL 60172			272105	0.00	
			COMMENTS		
			REQUEST #1279 1. COLLEGE OF DUPAGE 2. MCDONALDS - 355 SCHMALE RD. CAROL STREAM 3. ELECTRI - FLEX		

TRIP NUMBER: 1112837 BUS: 1 , 20721 ORDERED BY: Nancy Pelletier  
PICKUP: D108 - LAKE PARK WEST HIGH SCHOOL, 500 W Bryn Mawr Ave., Roselle, 60172  
DROPOFF: College of Dupage, 425 Fawell Blvd, Glen Ellyn, 60137  
EVENT: LPHS W MANUFACTURING TO COLLEGE OF DUGAGE

#	DESCRIPTION	ACCT	START DATE	END DATE	QTY.	RATE	UNITS	AMOUNT
1	Wait Time	41210	10/20/2025	10/20/2025	5.08	40.45	5.08	205.49
2	Mileage	41210	10/20/2025	10/20/2025	0.00	3.04	0.00	0.00
3	Flat Rate	41210	10/20/2025	10/20/2025	1.00	215.41	1.00	215.41

SUBTOTAL :\$420.90

INVOICE TOTAL :\$420.90

TOTAL AMOUNT PAID :\$0.00

TOTAL AMOUNT DUE :\$420.90

all payment are due 30 days after trip.

Detach and return this portion with your payment. Keep above portion for your records.



Please make check or money order  
payable to First Student Inc. and  
return your payment to the address  
provided.

Remit to First Student, Inc.  
22157 Network Place  
Chicago, IL 60673

LOCATION NUMBER: 20721  
CUSTOMER NUMBER: 272105  
INVOICE NUMBER: 623587  
AMOUNT DUE: \$420.90



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>LAKE PARK HIGH SCHOOL</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <b>Tax-Exempt Government Entity</b>	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>590 South Medinah Road</b>		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Roselle, IL 60172-1978</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
3	6	-	6	0	0	8	8	5	5

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Alicia Jiri CSBO</i>	Date <i>7/1/2024</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

"Baymon, Tiana" <baymont@cod.edu>

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**Check Request - Lake Park High School**

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"Baymon, Tiana" <baymont@cod.edu>

Fri, Nov 7, 2025 at 04:30 PM UTC

CC:

BCC:

**Tiana Baymon**

**Grant Accountant**

**College of DuPage**

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599

Phone: 630.942.2673 | Fax: 630.942.2297 | [baymont@cod.edu](mailto:baymont@cod.edu)

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**1 attachment**

Check Request Form- Lake Park High School-signed.pdf