

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1082320 **Vendor Name:** Association of Veterans Education Certifying Officials,(AVECO)

Check Details:

Check Number: 0347161 **Check Amount:** \$ 200.00 **Check Date:** 12/16/2025

Invoice Details:

Invoice Number: 001 **Invoice Date:** 12/15/2025 **PO Number:** NULL
Voucher Number: V0916853

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: 12/15/2025 Vendor ID: _____ Vendor Name: Association of Veteran Education Certifying Officials

Payee Address: Shannon James 7628 Gumboro Rd Pittsville, MD 21850 Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
001	01-30-00463-5406002	Veterans Services Department: Dues	200.00
Total			\$ 200.00

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:

2026 AVECO Membership

Other Instructions:

All requests will require the following approvals:

Requester: Sheri Gross Digitally signed by Sheri Gross
Date: 2025.12.15 11:30:07 -06'00' Print Name: Sheri Gross

Budget Officer: Sheri Gross Digitally signed by Sheri Gross
Date: 2025.12.15 11:30:19 -06'00' Print Name: Sheri Gross

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.

**Association of Veterans Education Certifying
Officials (AVECO)**

INVOICE

**7733 Forsyth Blvd, Ste 1100
Clayton, MO 63105
Phone: (410) 677-5043**

**INVOICE #001
DATE: DECEMBER 15, 2025**

To: SHERRI GROSS
Email: gross384@cod.edu

REMIT To:
AVECO
C/O Shannon James
7628 Gumboro Rd.
Pittsville, MD 21850

Payment is due 30 days from the invoice date.

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
Quantity 1	Annual Membership Dues	\$200.00	\$200.00

Make all checks payable to *Association of Veterans Education Certifying Officials (AVECO)*.

If you have any questions concerning this invoice, contact: Shannon James – AVECO Treasurer- at (410) 677-5043 or sjames@aveco.org.

THANK YOU FOR YOUR BUSINESS!

"Gross, Sheri" <grosss384@cod.edu>

Check request form.

"Gross, Sheri" <grosss384@cod.edu>

Mon, Dec 15, 2025 at 05:32 PM UTC

CC:

BCC:

Good morning,

Attached is a check request form and supporting documentation. Please let me know if anything else is needed. Thank you.

Sheri Gross, MSED

Director, Veterans Services

College of DuPage | Student Services Center 3389

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

Phone 630.942.2444 | grosss384@cod.edu

3 attachments

[External] 2026 AVECO MEMBERSHIP APPLICATION.pdf

Check Request Form 2026 AVECO Membership.pdf

COD Invoice.pdf

"Gross, Sheri" <grosss384@cod.edu>

Check request form.

"Gross, Sheri" <grosss384@cod.edu>

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[External] 2026 AVECO MEMBERSHIP APPLICATION.pdf

Check Request Form 2026 AVECO Membership.pdf

COD Invoice.pdf

From: AVECO - Association of Veteran Education Certifying Officials
To: Gross, Sheri
Subject: [External] 2026 AVECO MEMBERSHIP APPLICATION
Date: Monday, December 15, 2025 11:18:14 AM

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.

Thank you for submitting your 2026 membership application.

AVECO membership dues are \$200.00 if paid prior to December 31, 2025 and \$225.00 per calendar year (January through December) if paid on or after January 1, 2026.

Make check payable to:

AVECO

AVECO's Fed ID 13-4216708

Mail your checks (sorry, no purchase orders accepted) and this invoice to:

AVECO

C/O Shannon James

7628 Gumboro Rd.

Pittsville, MD 21850

2026 AVECO MEMBERSHIP APPLICATION

Name of Primary School Certifying
Official (SCO) or School Admin
Completing the Form Sheri Gross

**If the primary SCO is listed, they will
serve as the voting member for the
institution; however, if the primary
SCO is unavailable, an alternate SCO
from your application will be
designated to vote in their place.** *

Please select your role with the
institution. School Certifying Official

Primary SCO/School Admin Email
Address * grosss384@cod.edu

Primary SCO/School Admin Phone
Number * (630) 942-2444

School Name or Agency College of DuPage

Duplicate Entries with the same institution name will be rejected.

**If you are completing a membership for an independent campus please include the location name in the Independent/Branch Campus section along with the home state of that location.

State of Independent/Branch Campus Illinois

Which VA Region does your school/agency fall under? * Central (formerly St. Louis)

Institution Type * 2-year non-profit public

Accreditation Status * Accredited

School or Agency Address for purchase card billing * ☐ 425 Fawell Blvd
Glen Ellyn 60137
United States

Type of Membership • INSTITUTIONAL (Voting Member)
Please select NEW MEMBER or RENEWAL in addition to INSTITUTIONAL or ASSOCIATE *

I will be paying for the following membership: * 2026 Institutional or Associate Promo Member Rate

How many VA beneficiaries does your office support each year? * 449

How many SCO's does your office have? * 3

How many read-only Points of Contact does your office have? * 3

Is your school approved for Central Certification? * Yes

Other than the previously reported Primary SCO, do you have any additional SCO's? Yes
If more than form allows please e-mail aveco@aveco.org *

SCO Name 1 Kristen Bruhnke

SCO Email 1 bruhnkek@cod.edu

SCO Name 2 Jaime Thompson

"Sekerka, Joyce" <sekerkaj@cod.edu>

Attached Image

"Sekerka, Joyce" <sekerkaj@cod.edu>

Tue, Dec 16, 2025 at 03:17 PM UTC

CC:

BCC:

1 attachment

1522_001.pdf