

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1517408 **Vendor Name:** Strategic Cost Control, Inc,Db a Corporate Cost Control

**Check Details:**

**Check Number:** 0346894 **Check Amount:** \$ 978.50 **Check Date:** 12/2/2025

**Invoice Details:**

**Invoice Number:** 2608067360 **Invoice Date:** 11/24/2025 **PO Number:** NULL **Voucher Number:** V0915276

**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
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](mailto:invoicing@cod.edu)**



# INVOICE

475 Anton Blvd  
Costa Mesa, CA 92626  
[www.corporatecostcontrol.com](http://www.corporatecostcontrol.com)  
Tax ID : 26-3837199

**DUE DATE : DEC 24, 2025**

**DATE:** NOV 24, 2025  
**INVOICE:** 2608067360  
**ACCOUNT:** CCC-10287  
**ACCT EXEC:**  
**TERMS:** 30 NET

**ATTN:** Alma Camarena  
**BILL TO:** College of DuPage  
425 Fawell Boulevard  
Ellen, IL 60137

**INVOICE DESCRIPTION:** QUARTERLY BILLING, Dec-2025 to Feb-2026

Page 1 of 1

DESCRIPTIONS	Price/Rate	Quantity	Amount
Quarterly Fee for Unemployment Compensation Management Services	978.50/FL	1	978.50
Subtotal			\$978.50
Sales Tax			\$0.00
<b>TOTAL</b>			<b>\$978.50</b>

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

## REMITTANCE STUB

REMIT TO:  
Corporate Cost Control  
PO Box 841971  
Los Angeles, CA 90084-1971

For Invoice/Collection Inquiries:  
(800) 695-4698

**AMOUNT:** \$978.50  
**INVOICE:** 2608067360  
**ACCOUNT:** CCC-10287  
**TERMS:** 30 NET  
**DUE DATE:** DEC 24, 2025

WIRE TRANSFER DETAILS:  
BANK: Wells Fargo  
ABA (routing#): 121000248  
Acct: 4159403419

Amounts Paid after the due date shall incur interest at the rate of 1.5% per month.

**DATE OF PAYMENT :** \_\_\_\_/\_\_\_\_/\_\_\_\_

If payment is for more than one invoice, please provide all invoice #s below :

**Amount :** \$\_\_\_\_\_

**THANK YOU FOR YOUR BUSINESS**

058000000102870112425000009785000000000000000026080673600

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

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**CCC - November invoice with check request**

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

Tue, Dec 2, 2025 at 02:33 PM UTC

CC:

BCC:

For processing – thank you!

**Marianne Fay**

**Department Administrative Assistant – Human Resources**

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

630-942-4272 (phone)

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**2 attachments**

Signed Check request with November 2025 invoice.pdf

image001.png