

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1642838

Vendor Name: A la Carte LLC

Check Details:

Check Number: E0105970

Check Amount: \$ 5,950.00

Check Date: 3/4/2025

Invoice Details:

Invoice Number: 1245

Invoice Date: 2/17/2025

PO Number: NULL

Voucher Number: V0872950

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

INVOICE

Get Away à la Carte

12454 Rosehill St

Overland Park, KS 66213-4895

kathy@getawayalacarte.com

College of Dupage

Bill to

Maren Mckellin

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

Invoice details

Invoice no.: 1245

Terms: Due on receipt

Invoice date: 02/17/2025

Due date: 03/01/2025

Product or service	Description	Qty	Rate	Amount
College of DuPage 2025	Field Study Trip to France	1	\$5,250.00	\$5,250.00
Single Supplement	Single Supplement	1	\$700.00	\$700.00

Total

\$5,950.00

Ways to pay

BANK

View and pay

"McKellin, Maren" <mckellin@cod.edu>

A la Carte Payment

"McKellin, Maren" <mckellin@cod.edu>

Wed, Feb 26, 2025 at 04:07 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU France Culinary a la Carte 5.pdf