

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1525019

Vendor Name: Chicagoland Promotions, Ltd

Check Details:

Check Number: E0106363

Check Amount: \$ 2,433.62

Check Date: 3/18/2025

Invoice Details:

Invoice Number: 39230

Invoice Date: 3/12/2025

PO Number: NULL

Voucher Number: V0876058

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

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.

Chicagoland Promotions
22w440 Sycamore
Glen Ellyn, IL 60137

Cell 630.862.5234
Office 630.984.6880

orders@ChicagolandPromotions.com
www.chicagolandpromotions.com



Invoice: 39230

Date Ordered: 2/22/25

Date Invoiced: 3/8/25

Date Due: 3/18/25

Ordered By	Phone	Fax	Email
Brian Clement	3092553414		clement@cod.edu

SHIP TO:

COLLEGE OF DUPAGE
HORTICULTURE CLUB ACCT (1525019)
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Customer #	PO Number	Terms	Salesperson	Ship Method
2118	ownCOD hats2	Net 10		

Design ID	Design Title	Type
183	1/4 zips-hort-white/green, fb=white sponsors, rSiv=cod	Screen

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
8	Puff Hat Fronts		Puff printing hat fronts							8	10.00	80.00
8	cod backs		College of Dupage hat back-Fitted hats							8	5.00	40.00

16

Subtotal	120.00
Sales Tax	
Shipping	
Total	120.00
Paid	
Balance	120.00

Note:

Thank you for your order! Please email orders@chicagolandpromotions.com regarding any issues with your invoice. Claims need to be reported within three business days. No statement will follow, this is your only invoice; please pay directly from this invoice.

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Check Request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Wed, Mar 12, 2025 at 03:06 PM UTC

CC:

BCC:

Jacqueline Rangel

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1114| rangelj7781@cod.edu

1 attachment

Check Request Horticulture CS.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1525019

Vendor Name: Chicagoland Promotions, Ltd

Check Details:

Check Number: E0106363

Check Amount: \$ 2,433.62

Check Date: 3/18/2025

Invoice Details:

Invoice Number: 39187

Invoice Date: 1/23/2025

PO Number: NULL

Voucher Number: V0877697

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			\$

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Next Level Supervisor (if applicable): _____ Print Name: _____

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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.)*

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22w440 Sycamore
Glen Ellyn, IL 60137

Cell 630.862.5234
Office 630.984.6880

orders@ChicagolandPromotions.com
www.chicagolandpromotions.com



Invoice: 39187

Date Ordered: 1/23/25

Date Invoiced: 3/12/25

Date Due: 3/22/25

Ordered By	Phone	Fax	Email
Brian Clement	3092553414		clement@cod.edu

SHIP TO:

COLLEGE OF DUPAGE
HORTICULTURE CLUB ACCT (1525019)
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Customer #	PO Number	Terms	Salesperson	Ship Method
2118	UA 1/4 zips	Net 10		

Design ID	Design Title	Type
183	1/4 zips-hort-white/green, fb=white sponsors, rSiv=cod	Screen

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
50	UA garments	black	1/4zips LEFT CHESTwhite/Green chappy opp UA logo		6	13	13	16	2		6.50	325.00
55	UA garments	Gray	1/4zips LEFT CHESTwhite/black/Green chappy opp UA logo		6	14	16	16	2	1	6.50	357.50
54	UA garments	Gray	1/4zips Right Arm, College of Dupage-pms 343c green ink		6	14	16	16	2		6.50	351.00
54	UA garments	black	1/4zips Right Arm, College of Dupage-white ink		6	14	16	16	2		6.50	351.00
1	Screen Reset	black	Screen Reset College of Dupage-white ink							1	30.00	30.00
1	color change	gray	change> pms 343c green ink College of Dupage							1	30.00	30.00
36	FullBacksponsor	Black	UA Full Back sponsors-White Ink		3	11	10	11		1	6.50	234.00
36	FullBacksponsor	Gray	UA Full Back sponsors-black Ink		3	11	10	11		1	6.50	234.00
1	setup		Screen setups, sponsors, 1 color print							1	30.00	30.00
13	setup		Art Creation, # of new logos							13	20.00	260.00
1	setup		Art Creation,Matthew Dingledein=FREE							1	0.00	

302

Subtotal	2,202.50
Sales Tax	
Shipping	
Total	2,202.50
Paid	
Balance	2,202.50

Note:

Thank you for your order! Please email orders@chicagolandpromotions.com regarding any issues with your invoice. Claims need to be reported within three business days. No statement will follow, this is your only invoice; please pay directly from this invoice.

Report Date: 3/12/2025

Page # 1/1

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Check Request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Fri, Mar 14, 2025 at 01:09 PM UTC

CC:

BCC:

Jacqueline Rangel

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1114| rangelj7781@cod.edu

1 attachment

Check Request Hort 2202.50 CS.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1525019

Vendor Name: Chicagoland Promotions, Ltd

Check Details:

Check Number: E0106363

Check Amount: \$ 2,433.62

Check Date: 3/18/2025

Invoice Details:

Invoice Number: 39224

Invoice Date: 3/12/2025

PO Number: NULL

Voucher Number: V0878131

Document Type: AP Invoice

Document Below

Check Request Form

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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			\$

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Board Approval Date (only required if request is \$25,000 and over): _____

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Check Request Form (*cont.*)

Processing a Check Request:

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22w440 Sycamore
Glen Ellyn, IL 60137

Cell 630.862.5234
Office 630.984.6880

orders@ChicagolandPromotions.com
www.chicagolandpromotions.com



Invoice: 39224

Date Ordered: 2/18/25

Date Invoiced: 3/12/25

Date Due: 3/22/25

Ordered By	Phone	Fax	Email
Brian Clement	3092553414		clement@cod.edu

SHIP TO:

COLLEGE OF DUPAGE
HORTICULTURE CLUB ACCT (1525019)
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Customer #	PO Number	Terms	Salesperson	Ship Method
2118	ascender jkt	Net 10		

Design ID	Design Title	Type
315	Ascender Columbia Jacket-white cod+white COD back-	Emb

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
1	01524_16653730	Black	Ascender™ Softshell Jacket							1	96.12	96.12
1	back embroid		Embr Backs-Chappy+COL white thread							1	15.00	15.00

2

Subtotal	111.12
Sales Tax	
Shipping	
Total	111.12
Paid	
Balance	111.12

Note:

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"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Check Request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Fri, Mar 14, 2025 at 01:09 PM UTC

CC:

BCC:

Jacqueline Rangel

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Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

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1 attachment

Check Request Hort 111.12 CS.pdf