

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1525019

Vendor Name: Chicagoland Promotions, Ltd

Check Details:

Check Number: E0106543

Check Amount: \$ 13.00

Check Date: 3/26/2025

Invoice Details:

Invoice Number: 39247

Invoice Date: 3/12/2025

PO Number: NULL

Voucher Number: V0878447

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: 39247

Date Ordered: 3/9/25

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	Raincoats	Net 10		

Design ID	Design Title	Type
211	College of Dupage Horticulture+Chappy below line	Emb

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
1	raincoats		Raincoats LC-cod+chappy (below line)								13.00	13.00

1

Subtotal	13.00
Sales Tax	
Shipping	
Total	13.00
Paid	
Balance	13.00

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>

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 13 CS.pdf