

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1188209

**Vendor Name:** College of Dupage Foundation

**Check Details:**

**Check Number:** 0336377

**Check Amount:** \$ 31.50

**Check Date:** 3/4/2025

**Invoice Details:**

**Invoice Number:** BTEDON25-022025

**Invoice Date:** 2/6/2025

**PO Number:** NULL

**Voucher Number:** V0873072

**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
<b>Total</b>			<b>\$</b>

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 \$5,000 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 \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 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)**

# 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.

**BTE Donations in ProVenue to Transfer to Foundation**

<b>Name</b>	<b>Address</b>	<b>Address</b>	<b>Zip Code</b>	<b>Email</b>	<b>Phone Number</b>	<b>Donation</b>	<b>Date</b>
Donald Newsom	47 Hole In The Wall Ct.	Wilmington, IL	60481	donaldenewsom@gmail.com	(630) 854-9627	\$31.50	2/6/2025

"Schoettle, Kari" <schoettlek@cod.edu>

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**COD Foundation BTE check request**

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"Schoettle, Kari" <schoettlek@cod.edu>

Fri, Feb 28, 2025 at 07:40 PM UTC

CC:

BCC:

Please process. Thank you.

**Kari Schoettle**

Project Manager

McAninch Arts Center, College of DuPage

630-942-2914 | schoettlek@cod.edu

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**1 attachment**

COD Foundation Check Request FY25 11101 BTE Donations 31.50 2.26.25 ksdm.pdf