

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1517408

Vendor Name: Strategic Cost Control, Inc,Db a Corporate Cost Control

Check Details:

Check Number: 0336695

Check Amount: \$ 950.00

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 2511141026

Invoice Date: 2/27/2025

PO Number: NULL

Voucher Number: V0875896

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



DATE: FEB 27, 2025
INVOICE: 2511141026
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, Mar-2025 to May-2025

Page 1 of 1

DESCRIPTIONS	Price/Rate	Quantity	Amount
Quarterly Fee for Unemployment Compensation Management Services	950.00/FL	1	950.00
Subtotal			\$950.00
For Product Inquiries: Please contact your Account Executive For Invoice/Collection Inquiries: (800) 695-4698		Sales Tax	\$0.00
		TOTAL	\$950.00

REMITTANCE STUB

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

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

AMOUNT: \$950.00
INVOICE: 2511141026
ACCOUNT: CCC-10287
TERMS: 30 NET
DUE DATE: MAR 29, 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

05800000010287002272500000950000000000000025111410260

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

Corporate Cost Control Invoice and Check Request

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

Tue, Mar 4, 2025 at 04:22 PM UTC

CC:

BCC:

Good morning:

Please process the attached.

Thank you,

Marianne

Marianne Fay

Administrative Assistant V – Human Resources

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

630-942-4272 (phone)

2 attachments

Ck Request with Inv 2511141026.pdf

image001.png

