

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1178125

Vendor Name: College of Dupage-Petty Cash Fund

Check Details:

Check Number: 0339845

Check Amount: \$ 40.00

Check Date: 6/10/2025

Invoice Details:

Invoice Number: PettyCash 052825

Invoice Date: 5/28/2025

PO Number: NULL

Voucher Number: V0888456

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 10-65, Vendor Payment — Non-Purchase Order.

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 \$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

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.



Petty Cash Reimbursement Request

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: Horticulture

Date: 5/19/20

Description	GL Number	Amount
Queen Honeybee for Hive	01-10-00077-5401002	\$40.00
Total Reimbursement Request:		\$40.00

Employee Name: Brian Clement

Employee Signature: Brian Clement

Dept. Authorized Signer Name: Janice Kaushal

Authorized Signature: Janice Kaushal

Cashier's Office Use Only

Date Received: 5/22/25
Request Approved By: BB

Cashier Name: CY
Funds Received By: _____

Updated 06.2018



Petty Cash Reimbursement Request

This form may be used to request petty cash reimbursements for items in which requests via the employee reimbursement process would not be appropriate. All requests must be in accordance with Petty Cash Reimbursement Administrative Procedure No. 15-56a. Original receipts must be attached and dated within 30 days of purchase.

Department: _____

Date: _____

Description	GL Number	Amount
Total Reimbursement Request:		\$

Employee Name: _____

Employee Signature: _____

Dept. Authorized Signer Name: _____

Authorized Signature: _____

Cashier's Office Use Only

Date Received: _____
Request Approved By: _____

Cashier Name: _____
Funds Received By: _____

Updated 06.2018

CHRIS & BERNIE SAAD
cbsaad5960@sbcglobal.net

Honey Trails

inv. W **2615**

5N698 DUNHAM TRAILS RD.
WAYNE, IL 60184
630-292-3953

Pure Honey
Beeswax & Candles
Skin Care Products
Assembled Woodenware & Hives

date 5-18-2025

Sold To: Brian Clement

paid cash

Thanks

Quantity	Unpainted	Painted	Description	Unit Price	Amount
			9 ⁵ / ₈ " Hive Body		
			9 ¹ / ₈ " Grooved Top Bar Frame w/ plasticell foundation		
			6 ⁵ / ₈ " Honey Super		
			6 ¹ / ₄ " Grooved Top Bar Frame w/ plasticell foundation		
			Cedar Varroa Screened Bottom Board		
			Painted Tele Cover with Aluminum Top		
			Inner Cover		
			Universal Entrance Reducer (mouse proof)		
			Queen Excluder Wood bound Metal bound		
			Candy Board		
			Complete 4 Story Hive, includes frames w/ plasticell, 2 deeps, 2 med, bottom board, metal bound queen excluder, entrance reducer, inner & telecover		
			Complete 5 Story Hive, includes frames w/ plasticell, 5 med, bottom board, metal bound queen excluder, entrance reducer, inner & telecover		
			___ lb. Package of Bees for your hives: pickup in Wayne. Order Early (February)		
<u>1</u>			<u>Marked Queen</u>	<u>40-</u>	<u>40-</u>

Total \$ 40-

"Giron, Brittany" <shaughnessyb@cod.edu>

Check Request

"Giron, Brittany" <shaughnessyb@cod.edu>

Wed, May 28, 2025 at 03:52 PM UTC

CC:

BCC:

Good morning,

Attached please find a petty cash check request for \$40.00.

Thank you!

Brittany Giron

Student Accounts Assistant Supervisor

College of DuPage

425 Fawell Blvd. | BIC 2424 | Glen Ellyn, IL 60137-6599
Phone 630.942.2206 | Fax 630.942.2909

From: Virgilio, David <virgiliod@cod.edu>
Sent: Wednesday, May 28, 2025 10:37 AM
To: Giron, Brittany <shaughnessyb@cod.edu>
Subject: RE: Petty Cash Check Request

Here you go, thx!

[David P. Virgilio, CPA](#)

Controller – Financial Affairs

[College of DuPage SRC 2130M](#) – [Glen Ellyn, IL](#)

phone (630) 942-3028 – fax (630) 942-2297

Work Location Schedule: M/T: Remote | W/Th/F: On Campus

Check out the Financial Affairs Team Site [Here](#)

From: Giron, Brittany <shaughnessyb@cod.edu>

Sent: Wednesday, May 28, 2025 10:34 AM

To: Virgilio, David <virgiliod@cod.edu>

Subject: Petty Cash Check Request

Good morning Dave,

Attached is a check request for petty cash. Can you please review and sign when you have a chance?

Thank you!

Brittany Giron

Student Accounts Assistant Supervisor

College of DuPage

425 Fawell Blvd. | BIC 2424 | Glen Ellyn, IL 60137-6599
Phone 630.942.2206 | Fax 630.942.2909

1 attachment

Check Request 05-28-25.pdf