

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1282625

**Vendor Name:** Playscripts, Inc DBA Broadway Licensing

**Check Details:**

**Check Number:** 0340424

**Check Amount:** \$ 83.38

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** SO\_00000900185

**Invoice Date:** 5/29/2025

**PO Number:** NULL

**Voucher Number:** V0891217

**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
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](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.



DPS INVOICE # SO\_0000900185  
CUSTOMER ACCOUNT # 00024194  
CUSTOMER PO #  
PAGE 1 OF 1

College of DuPage  
425 Fawell Blvd  
MAC 201  
Glen Ellyn, IL 60137

Molly Junokas  
Molly Junokas  
College of DuPage  
425 Fawell Blvd  
Glen Ellyn IL 60137

DATE	CUSTOMER ACCOUNT #	CUSTOMER PO #	SHIPPING	PAYMENT TERMS
5/29/2025	00024194			Due Upon Receipt

QTY	DESCRIPTION	LIST PRICE	DISCOUNT	LINE TOTAL
5	1480–SAE The Crucible – Signature Acting Edition	15.00	0.00	75.00

<b>SUBTOTAL</b>	75.00
<b>SHIPPING &amp; HANDLING</b>	8.38
<b>SALES TAX</b>	0.00
<b>TOTAL</b>	<b>\$83.38</b>

"Sharbaugh, Linda" <sharbaughl@cod.edu>

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**Check Request for Processing**

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"Sharbaugh, Linda" <sharbaughl@cod.edu>

Thu, May 29, 2025 at 03:30 PM UTC

CC:

BCC:

Thank you!

**Linda Sharbaugh**

McAninch Arts Center, College of DuPage

sharbaughl@cod.edu | 630-942-3009

pronouns: she/her

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**1 attachment**

Playscripts dba Broadway Licensing SO\_00000900185 Check Req 83.38 CT26 The Crucible lsmj.pdf