

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1355560

Vendor Name: Midwest Fun Factory, Inc.

Check Details:

Check Number: E0109573

Check Amount: \$ 1,050.00

Check Date: 9/16/2025

Invoice Details:

Invoice Number: 20250903COD

Invoice Date: 9/5/2025

PO Number: NULL

Voucher Number: V0900252

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.

**Midwest Fun Factory, inc.**

Mireille Gross-Page, Owner

40W301 Fair Oaks Dr

St. Charles, IL 60175

630-443-6878 www.TheClassyClown.com

Contract # 20250903COD**Contract Date** 09/03/25**Event date** 10am--1pm**Event Time**

Performance Site:	SSC Atrium
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Shannon Hernandez

hernan@cod.eduinvoicing@cod.edu**Customer:**

College of DuPage

Office of Student Life

425 Fawell Blvd

Glen Ellyn, IL 60137

Spirit Week		AMOUNT
Balloons \$150 hr/ 3 hours	3 hours	450.00
Travel Fees waived for COD - Thank you !!		
TOTAL		450.00

Payment to be made within 60 days unless otherwise designated. Make Check payable to Midwest Fun Factory, inc., Federal ID#46-1655612 or via ACH payment already set up.

This contract is non-cancelable unless agreed upon by both parties. If artist fails to comply with the terms of this contract due to any event or act outside of their control, the liability is limited to the return of all refundable monies paid.

Mireille Gross-Page, Owner

Midwest Fun Factory, inc.

Signed by:

49000CF0BC3F425...

Authorized Signature

College of DuPage

Ellen Roberts

Print Name

8/29/2025

"Hailu, Fasika" <hailuf@cod.edu>

Check Request - Sept.3 Chaparral Days

"Hailu, Fasika" <hailuf@cod.edu>

Mon, Sep 8, 2025 at 07:34 PM UTC

CC:

BCC:

Hello,

Attached is a check request form for Chaparral Days.

Thank you,

Fasika Hailu (she/her)

Administrative Assistant IV

Office of Student Life | SSC 1111

College of DuPage | Glen Ellyn, IL 60137

hailuf@cod.edu | 630-942-3849

1 attachment

09.03.25 Midwest Fun Factory Check Request CS.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1355560

Vendor Name: Midwest Fun Factory, Inc.

Check Details:

Check Number: E0109573

Check Amount: \$ 1,050.00

Check Date: 9/16/2025

Invoice Details:

Invoice Number: 20250904COD

Invoice Date: 9/4/2025

PO Number: NULL

Voucher Number: V0900254

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.
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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): _____

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Check Request Form *(cont.)*

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Midwest Fun Factory, inc.

Mireille Gross-Page, Owner

40W301 Fair Oaks Dr

St. Charles, IL 60175

630-443-6878 www.TheClassyClown.com

Contract # 20250904COD

Contract Date 09/04/25

Event date 11am--1pm

Event Time

Performance Site:	Outside Main SSC Entrance by Chappy Statue
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Shannon Hernandez

hernan@cod.edu

invoicing@cod.edu

Customer:

College of DuPage

Office of Student Life

425 Fawell Blvd

Glen Ellyn, IL 60137

Spirit Week		AMOUNT
Glitter Tattoo 150/hr 2 hours	2 hours	300.00
Face Painting 150/hr 2 hours	2 hours	300.00
Travel Fees waived for COD - Thank you !!		
TOTAL		600.00

Payment to be made within 60 days unless otherwise designated. Make Check payable to Midwest Fun Factory, inc., Federal ID#46-1655612 or via ACH payment already set up.

This contract is non-cancelable unless agreed upon by both parties. If artist fails to comply with the terms of this contract due to any event or act outside of their control, the liability is limited to the return of all refundable monies paid.

Mireille Gross-Page, Owner

Midwest Fun Factory, inc.

Signed by:

49066CF0B3F425...

Authorized Signature

College of DuPage

Ellen Roberts

Print Name

8/29/2025

"Hailu, Fasika" <hailuf@cod.edu>

Check Request - Sept.4 Chaparral Days

"Hailu, Fasika" <hailuf@cod.edu>

Mon, Sep 8, 2025 at 07:37 PM UTC

CC:

BCC:

Hello,

Attached is a check request form for Chaparral Days.

Thank you,

Fasika Hailu (she/her)

Administrative Assistant IV

Office of Student Life | SSC 1111

College of DuPage | Glen Ellyn, IL 60137

hailuf@cod.edu | 630-942-3849

1 attachment

09.04.25 Midwest Fun Factory Check Request CS.pdf