

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1188209 **Vendor Name:** College of Dupage Foundation

Check Details:

Check Number: 0347171 **Check Amount:** \$ 1,000.00 **Check Date:** 12/16/2025

Invoice Details:

Invoice Number: 12112025 **Invoice Date:** 12/11/2025 **PO Number:** NULL
Voucher Number: V0916367

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



College of DuPage

Non-Accounts Receivable Deposit Form

1. Complete the form in its entirety.
2. Click "Attachments" and add all required attachments.
3. Click "Print" if depositing cash or check.
4. Click "Submit NARD Form" to submit the form electronically.

Name	Employee ID	Date
Hamman, Kelly	0168135	09/22/2025
Phone Number	Email Address	
(630) 942-4722	griffeyk@cod.edu	
Department	Event	
Business Services	NA	
Nard Code	Nard System	
VEND	NA	

Enter Deposit Information

GL Number	DepositAmount	Description	
10-99-17150-2900099	\$ 1750.00	Pepsi Athletic Support Fund	X
GL Number	DepositAmount	Description	
01-00-00000-2300005	\$ 1000.00	Pepsi Fundraising Support	X
GL Number	DepositAmount	Description	
05-60-13160-4800001	\$ 500.00	Pepsi Sustainability Support	X
GL Number	DepositAmount	Description	
05-60-13160-4900099	\$ 17653.75	Pepsi FY25 Sponsorship	X

Add Line

Remove Last Line

Grand Total:

\$ 20903.75

"Hall, Shameica" <halls115@cod.edu>

Check Request

"Hall, Shameica" <halls115@cod.edu>

Thu, Dec 11, 2025 at 05:25 PM UTC

CC:

BCC:

Hi,

Please see the attached check request.

Thanks in advance for your assistance!

Best regards,

Shameica Hall

Accountant II - Financial Affairs

[College of DuPage](#)

425 Fawell Blvd I SRC 2130 I Glen Ellyn, IL 60137-6599 I USA

Phone 630.942.2678 I Fax 630.942.2297 I halls115@cod.edu

2 attachments

SH 12-11-25 Check Request-Pepsi to Foundation.pdf

image001.png