

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1083794 **Vendor Name:** College of Dupage Foundation

Check Details:

Check Number: E0110928 **Check Amount:** \$ 558.65 **Check Date:** 12/9/2025

Invoice Details:

Invoice Number: DON26-120125 **Invoice Date:** 12/1/2025 **PO Number:** NULL **Voucher Number:** V0915435

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.

MAC Donations
05-60-11201-2900005

Report Run: 12/1/2025

DATE		NAME	ADDRESS 1	ADDRESS 2	CITY	ZIP	STATE	EMAIL	PHONE	EVENT_ID	AMOUNT
11/6/2025	52886638	Burke, Linda	520 Walker Rd		Hinsdale	60521	IL	lindaebb@aol.com	(630) 880-4018	26 MAC DONATE	\$ 16.00
11/23/2025	45075079	King, Susan	978 West Ct	Unit C	Naperville	60563	IL	susan0088@sbcglobal.net	(630) 202-8134	26 MAC DONATE	\$ 36.00
11/22/2025	52514279	Lincoln, June	27W675 Elm Dr		West Chicago	60185	IL	june.c.lincoln@gmail.com	(630) 479-3540	26 MAC DONATE	\$ 1.80
11/8/2025	54470227	Pelafas, Jorie	23W501 Trails End Rd		Carol Stream	60188	IL	Pelafasj@gmail.com	(630) 877-6137	26 MAC DONATE	\$ 7.00
11/8/2025	52759491	Rochford, Kevin	1440 North Lake Shore Dr	23E	Chicago	60610	IL	kjrochford@gmail.com	(312) 636-7979	26 MAC DONATE	\$ 106.00
11/22/2025	45077409	Ross, Elaine	193 E. North Ave		Elmhurst	60126	IL	ejross103123@gmail.com	(630) 832-1237	26 MAC DONATE	\$ 24.75
11/8/2025	45083730	Rutledge, John	811 E. Illinois St		Wheaton	60187	IL	john@rutledgecompany.com	(630) 319-8821	26 MAC DONATE	\$ 94.50
11/8/2025	51884142	Swanson, Cindy	361 Spring Avenue		Glen Ellyn	60137	IL	cindy.swanson2@gmail.com	(630) 781-4495	26 MAC DONATE	\$ 20.00
11/21/2025	53349188	Williams, Roger	39W913 Silver Glen Rd		Saint Charles	60175	IL	rogeriubb@gmail.com	(630) 327-8046	26 MAC DONATE	\$ 11.20
11/1/2025	53740613	Young, Phyllis	5772 S Garfield		Hinsdale	60521	IL	phyllis.m.young@gmail.com	(630) 567-5156	26 MAC DONATE	\$ 187.00
											\$ 504.25

New Philharmonic Donations
05-60-11701-2900005

Report Run: 12/1/2025

DATE		NAME	ADDRESS 1	ADDRESS 2	CITY	ZIP	STATE	EMAIL	PHONE	EVENT_ID	AMOUNT
11/11/2025	45082362	Lamb, Richard	5410 Maurus Ct		Lisle	60532	IL	lamb2255@	(630) 605-4760	26 NP DONATE	\$ 54.40
										TOTAL	\$ 54.40

"Junokas, Molly" <junokasm@cod.edu>

Check Req COD Foundation DON26-120125

"Junokas, Molly" <junokasm@cod.edu>

Mon, Dec 1, 2025 at 04:10 PM UTC

CC:

BCC:

Good morning,

Please process.

Thank you,

Molly Junokas

Business Manager

McAninch Arts Center, College of DuPage

junokasm@cod.edu | 630-942-2938

she/her

1 attachment

COD Foundation Check Req DON26-120125 558.65 FY26 MAC-NP Donations 12-01-25.pdf