

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1082246 **Vendor Name:** American National Red Cross & Its Constituent Chapters

Check Details:

Check Number: 0352824 **Check Amount:** \$ 277.00 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 23130993 **Invoice Date:** 3/27/2026 **PO Number:** NULL
Voucher Number: V0940192

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: 3/27/26 Vendor ID: 1082246 Vendor Name: American Red Cross
 Payee Address: 25668 Network Place, Chicago, IL 60673 Payment Due Date: 3/30/2026

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
23130993	01-30-17100-5309001	Athletics: Other Contractual Services Exp.	39.00
Total			\$ 39.00

Check the appropriate box below:

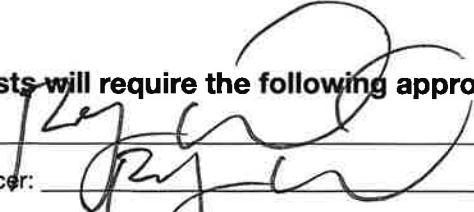
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein 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:

CPR/AED for Professional Rescuers Challenge.

Other Instructions:

All requests will require the following approvals:

Requester:  Print Name: Ryan Kaiser
 Budget Officer:  Print Name: Ryan Kaiser

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

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Fri, Mar 27, 2026 at 08:14 PM UTC

CC:

BCC:

1 attachment

0102_001.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1082246 **Vendor Name:** American National Red Cross & Its Constituent Chapters

Check Details:

Check Number: 0352824 **Check Amount:** \$ 277.00 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 23132111 **Invoice Date:** 3/27/2026 **PO Number:** NULL
Voucher Number: V0940194

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: 3/27/26 Vendor ID: 1082246 Vendor Name: American Red Cross
 Payee Address: 25668 Network Place, Chicago, IL 60673 Payment Due Date: 3/30/2026

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
23132111	01-30-17100-5309001	Athletics: Other Contractual Services Exp.	238.00
Total			\$ 238.00

Check the appropriate box below:

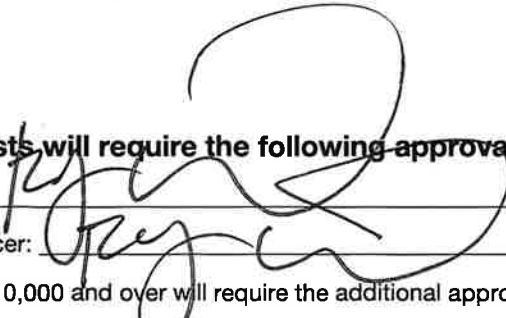
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein 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.

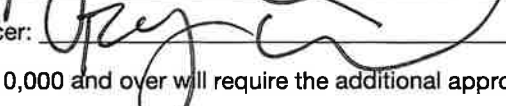
Description on Check:

Adult CPR/AED Training

Other Instructions:

All requests will require the following approvals:

Requester:  Print Name: Ryan Kaiser

Budget Officer:  Print Name: Ryan Kaiser

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

Shawnee Ardies <shawneelardies@gmail.com>



Order Receipt: New Cart

1 message

no-reply <no-reply@redcross.org>
To: "shawneelardies@gmail.com" <shawneelardies@gmail.com>

Mon, Mar 2, 2026 at 6:30 AM



ORDER CONFIRMATION
O-0021684262

College of DuPage, a Member of the Illinois Community College Risk
Management Consortium
425 Fawell Blvd.
GLEN ELLYN, IL 60137-6599, US
EMAIL: smithb244@cod.edu

ORDER DATE: March 2, 2026
STATUS: Shipped

Card Type:
Charge Amount: \$238.00

ORDER DETAILS

Item	Class ID	Class Date	Qty	UOM	Price	Extension
Adult CPR/AED	CLS-07768474	2026-02-23 -2026-02-23	7	Each	\$34.00	\$238.00
						TOTAL \$238.00

STUDENT ROSTER

Class ID	Student Name	Email	Phone	Evaluation Results	QR Code
CLS-07768474	Dawkins, Richard	dawkinsr@cod.edu		Successful	027LTT8
CLS-07768474	Plefka, Keisey	plefkak@cod.edu		Successful	027LTTA
CLS-07768474	Engel, Layne	layneengel@yahoo.com		Successful	027LTTC
CLS-07768474	Kaiser, Ryan	kaiser2964@cod.edu		Successful	027LTTE
CLS-07768474	Yaeger, Brian	yaegerb@cod.edu		Successful	027LTTG
CLS-07768474	Harvey, Evan	harveye288@cod.edu		Successful	027LTTI
CLS-07768474	Smith, Beverly	smithb244@cod.edu		Successful	027LTTK

Thank you for your order. If you paid for this order with a credit card this document serves as your receipt.

Please visit the Red Cross Learning Center (www.redcrosslearningcenter.org) to view information about your order and account. Instructors can view student certificates and rosters and access digital materials in the Red Cross Learning Center.



Shawnee Ardies <shawneelardies@gmail.com>

Order Receipt: New Cart

1 message

no-reply <no-reply@redcross.org>
To: "shawneelardies@gmail.com" <shawneelardies@gmail.com>

Fri, Feb 27, 2026 at 11:44 AM

ORDER CONFIRMATION
O-0021672901

College of DuPage, a Member of the Illinois Community College Risk Management Consortium
425 Fawell Blvd.
GLEN ELLYN, IL 60137-6599, US
EMAIL: smithb244@cod.edu

ORDER DATE: February 27, 2026
STATUS: Shipped

Card Type:
Charge Amount: \$39.00

ORDER DETAILS

Item	Class ID	Class Date	Qty	UOM	Price	Extension
CPR/AED for Professional Rescuers Challenge	CLS-07760004	2026-02-27 -2026-02-27	1	Each	\$39.00	\$39.00
TOTAL					\$39.00	\$39.00

STUDENT ROSTER

Class ID	Student Name	Email	Phone	Evaluation Results	QR Code
CLS-07760004	Elwart, Cait	elwartc@cod.edu		Successful	027K0ER
CLS-07760004	Stoesz, Julio	stoeszj@cod.edu		Not Evaluated	
CLS-07760004	McCarthy, Kelly	mccarthyk759@dupage.edu		Not Evaluated	
CLS-07760004	sherey, niko	shereyn@dupage.edu		Not Evaluated	

Thank you for your order. If you paid for this order with a credit card this document serves as your receipt.

Please visit the Red Cross Learning Center (www.redcrosslearningcenter.org) to view information about your order and account. Instructors can view student certificates and rosters and access digital materials in the Red Cross Learning Center.

For questions related to training:
Live chat with a representative: www.redcross.org/take-a-class
Email: support@redcross.org

Smith, Bev

From: Dawkins, Richard
Sent: Thursday, February 26, 2026 8:42 AM
To: Smith, Bev
Subject: FW: [External] Hudl Invoice Overdue - Remaining Balance

Move to pay this out of Womens Basketball IT services

From: Logan Reising <logan.reising@hudl.com>
Sent: Wednesday, February 25, 2026 10:51 AM
To: Dawkins, Richard <dawkinsr@cod.edu>
Subject: Re: [External] Hudl Invoice Overdue - Remaining Balance

Hey Rich,

Sorry, I was out of the office. It looks like what happened here was Joe's FastModel invoice amount (\$333.99) was applied towards Kristin's invoice (\$526.71), because Joe's was already paid. The remaining amount (\$192.72) is still leftover for Kristin's invoice.

I hope that makes sense. Let me know if there's any other questions. Again, we'll make sure to get all these rolled into the contract to avoid this confusion moving forward.

Logan Reising
Elite Account Executive | Hudl
(402) 817 - 0116 | Support: <http://hudl.com/help>
[Book a Meeting with Logan](#)
[Training with Hudl | YouTube](#)

From: Dawkins, Richard <dawkinsr@cod.edu>
Sent: Tuesday, February 24, 2026 4:35 PM
To: Logan Reising <logan.reising@hudl.com>
Subject: FW: [External] Hudl Invoice Overdue - Remaining Balance

Attached are payments we have made to this account and service

From: Smith, Bev <smithb244@cod.edu>
Sent: Tuesday, February 24, 2026 3:23 PM
To: Dawkins, Richard <dawkinsr@cod.edu>
Subject: RE: [External] Hudl Invoice Overdue - Remaining Balance

Attached are the invoices from Hudl.

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Fri, Mar 27, 2026 at 08:15 PM UTC

CC:

BCC:

1 attachment

0103_001.pdf