

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1525019 **Vendor Name:** Chicagoland Promotions, Ltd

Check Details:

Check Number: E0114269 **Check Amount:** \$ 8,005.22 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 39796 **Invoice Date:** 5/26/2026 **PO Number:** NULL
Voucher Number: V0940757

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.

Chicagoland Promotions
22w440 Sycamore
Glen Ellyn, IL 60137

Cell 630.862.5234
Office 630.984.6880

orders@ChicagolandPromotions.com
www.chicagolandpromotions.com



Invoice: 39796

Date Ordered: 2/23/26

Date Invoiced: 5/26/26

Date Due: 6/5/26

Ordered By	Phone	Fax	Email
Brian Clement	3092553414		clement@cod.edu

SHIP TO:

COLLEGE OF DUPAGE
HORTICULTURE CLUB ACCT (1525019)
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Customer #	PO Number	Terms	Salesperson	Ship Method
2118	UA 1/4 zips	Net 10		

Design ID	Design Title	Type
183	1/4 zips-hort-white/green, fb=white sponsors, rSiv=cod	Screen

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
1	Screen Reset	sleeve	Screen Reset College of Dupage-white ink							1	30.00	30.00
1	Chest		White & 343c green-College of Dupage							1	30.00	30.00
22	UA garments	box 1	black:: white/Green chappy opp UA logo	2	4	4	9	2	1		9.00	198.00
8	UA garments	box 1	green:: white/Green chappy opp UA logo		3	2		2	1		9.00	72.00
45	UA garments	box 2	black:: white/Green chappy opp UA logo	8	17	10	7	1	2		9.00	405.00
44	UA garments	box 2	green:: white/Green chappy opp UA logo	8	17	10	6	1	2		9.00	396.00
44	FullBacksponsor	Green	UA Full Back sponsors-White Ink	8	17	10	6	1	2		9.00	396.00
45	FullBacksponsor	Black	UA Full Back sponsors-black Ink	8	17	10	7	1	2		9.00	405.00
6	setup		Art Creation, # of new logos							6	20.00	120.00
22	UA garments	box 1	black:: White Ink sleeve	2	4	4	9	2	1		6.94	152.68
1	credit		\$100 credit							1	-100.00	-100.00

239

Subtotal	2,104.68
Sales Tax	
Shipping	
Total	2,104.68
Paid	
Balance	2,104.68

Note:

Thank you for your order! Please email orders@chicagolandpromotions.com regarding any issues with your invoice. Claims need to be reported within three business days. No statement will follow, this is your only invoice; please pay directly from this invoice.

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

check request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Fri, May 29, 2026 at 07:39 PM UTC

CC:

BCC:

Jacqueline Rangel

Office of Student Life

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1114| rangelj7781@cod.edu

1 attachment

Check Request Hort 2104.68 CS.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1525019 **Vendor Name:** Chicagoland Promotions, Ltd

Check Details:

Check Number: E0114269 **Check Amount:** \$ 8,005.22 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 39767 **Invoice Date:** 5/26/2026 **PO Number:** NULL
Voucher Number: V0940712

Document Type: AP Invoice

Document Below

Check Request Form

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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			\$

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Office 630.984.6880

orders@ChicagolandPromotions.com
www.chicagolandpromotions.com



Invoice: 39767

Date Ordered: 2/4/26

Date Invoiced: 5/26/26

Date Due: 6/5/26

Ordered By	Phone	Fax	Email
Brian Clement	3092553414		clement@cod.edu

SHIP TO:

COLLEGE OF DUPAGE
HORTICULTURE CLUB ACCT (1525019)
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Customer #	PO Number	Terms	Salesperson	Ship Method
2118		Net 10		

Design ID	Design Title	Type
306	Horticulture Club FF 9.75" wide. White Ink Bella tees	Screen

Qty	Part Number	Color	Description	SIZES	S	M	LG	XL	XXL	Other	Unit Price	Total Price
43	COD_Puff_Hat	Black	COD Puff HAT Customer Supplied							43	15.00	645.00
30	COD_1500KC	Black	YP Classics - 8 1/2" Beanie - 1500KC							30	14.00	420.00
1	COD_EB534	Canteen Grey	Eddie Bauer Rugged Ripstop Soft Shell Jacket			1					98.00	98.00
24	COD_222575	Olive Heather	Repreve® Eco Sport Shirt		2	6	10	6			43.36	1,040.64
24	COD_222575	Black	Repreve® Eco Sport Shirt		2	6	10	6			43.36	1,040.64
21	COD_212483	Black	Ascender™ Softshell Jacket		2	14	5				94.12	1,976.52
2	COD_212483	Black	Ascender™ Softshell Jacket							2	98.12	196.24
25	COD_P114	Black	Richardson112FP COD Puff-upgrade							25	19.34	483.50

170

Subtotal	5,900.54
Sales Tax	
Shipping	
Total	5,900.54
Paid	
Balance	5,900.54

Note:

Thank you for your order! Please email orders@chicagolandpromotions.com regarding any issues with your invoice. Claims need to be reported within three business days. No statement will follow, this is your only invoice; please pay directly from this invoice.

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