

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1084293 **Vendor Name:** DML Solutions, Inc.

Check Details:

Check Number: E0114174 **Check Amount:** \$ 10,225.00 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 15712 **Invoice Date:** 5/6/2026 **PO Number:** NULL
Voucher Number: V0939178

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
Subtotal page 1 Total			\$

Check the appropriate box below:

**PAGE 1 of 2 - see
page 2 for TOTAL**

- ☐ 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: _____ signature on page 2 _____ Print Name: _____

Budget Officer: _____ signature on page 2 _____ 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): _____ signature on page 2 _____ 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

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
	subtotal from page 1		\$7,157.50
	01-30-12331-5404003	Perf Arts: Postage	\$3,067.50
Total			\$ 10,225.00

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:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: Linda Sharbaugh

Budget Officer: _____ Print Name: Molly Junokas

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: Diana Martinez

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.



630-513-1385
3855 Commerce Dr
St Charles IL 60174

Invoice

INVOICE DATE	INVOICE #
5/5/2026	15712

College of DuPage
Janey Sarther
Arts Center
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

PAYMENT DUE	PROJECT NAME	JOB/PO NO.	DROP DATE
6/1/2026	June Mailer		

QUANTITY	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
25,000	PP	Postage Due	0.409	10,225.00

MAKE CHECKS PAYABLE AND REMIT TO: DML Solutions, 3855 Commerce Dr, St Charles, IL 60174	Subtotal:	\$10,225.00
	Sales Tax	\$0.00
	Payments/Credits	\$0.00
	Balance Due	\$10,225.00

Internal Use:

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

DML Solutions Chk Req Inv 15712

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

Thu, May 7, 2026 at 08:33 PM UTC

CC:

BCC:

Good afternoon,

Please process.

Thank you!

Molly Junokas

Business Manager

McAninch Arts Center, College of DuPage

junokasm@cod.edu | 630-942-2938

she/her

1 attachment

DML Solutions Check Req Inv 15712 10225.00 26-27 Subs Preview Postage lsmjdm.pdf