

**CITY OF AURORA
CHECK REQUEST**

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. Such items generally include membership dues, training class registration fees, travel reimbursements (or advance per diem), purchasing card payments, postage, and development incentives. Attach supporting documentation (e.g., invoice or agreement).

Date \$ _____

Date check is needed: October 30, 2025

Vendor Name/Pay To Address:
Waubonsee Community College
c/o Theresa Scott – Bursar Office
Route 47 at Waubonsee Drive
Sugar Grove IL 60554

Description: EMT-P / EMT-B Program 2025
Inv #S0035939 – Dated 09/29/25
15 Attendees

Check the appropriate block below and sign.

- 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 reviewer indicated below will notify the Finance Department’s Accounting Division in writing when the goods/services have been delivered in a satisfactory condition/manner.

Signature of Requester

Signature of Reviewer

Printed Name of Requestor

Printed Name of Reviewer

Dept/Div 3033/Fire

Account# (s) 101-3033-422.42-01

\$ 22,058.29

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Vendor# _____ Check Amount: \$ _____

Authorized by _____ Finance