

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086751

Vendor Name: IACE Travel

Invoice Number: 2020SP

Invoice Date: 06/03/20

PO Number:

Check Number: E0080364

Check Amount: \$ 600.00

Check Date: 06/10/2020

Department ID: 00661

Reviewer Name:

Voucher Number: V0625596

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: cruseb199@cod.edu
Sent: Wed Jun 03 13:05:02 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: IACE Travel - Check Request

Thanks

Bethany Cruse
AP Lead
College Of DuPage

From: McKellin, Maren K. <mckellin@cod.edu>
Sent: Wednesday, June 3, 2020 12:37 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: IACE Travel - Check Request

Hi, Bethany. I don't have my "alphabet" list at home but I think you have "I". Please forward this to the correct person if it isn't you.

Thank you,
Maren

Maren McKellin, M.A.

Manager, Field and Experiential Learning/Study Abroad/Global Education
College of DuPage
425 Fawell Blvd. | Glen Ellyn, IL 60137
phone: (630) 942-3762
web: cod.edu/field
Maximizer | Positivity | Adaptability | Empathy | Arranger



Save a tree. Please consider the environment before printing this email.

College of DuPage - Accounts Payable

Check Request Form

revised 3/27/17

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 6/3/2020
Vendor ID: 1086751

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|-----------------|-----------|
| 2020SP | | 05 | 60 | 00661 | 5505006 | #N/A | \$ 600.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Grand Total | | | | | | | \$ 600.00 |

Check the appropriate box 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 first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: IACE Travel

Payee Address: 85 W Algonquin Rd., Suite 570
Arlington Heights, IL 60006

Other
Instructions:

Description on Check:

Payment for 2020SP Japan - Satsutani

Approvals:

Prepared By: Maren McKellin

Signature: _____

Payment Due: Next ACH

Board Approved Date: _____

Approved By: Maren McKellin Date: 6/3/20

Signature: Maren McKellin

Approved By: _____ Date: _____

Signature: _____

Approved By Division VP: _____ Date: _____

Signature: _____

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

2020SP

INVOICE

DATE : 2020/06/02



IACE TRAVEL CHICAGO-ARLINGTON HEIGHTS

85 W Algonquin Road, Suite 570
Arlington Heights, IL 60005
U.S.A.

TEL : 1-847-437-2244 FAX : 1-847-437-4735

EMAIL : htamaishi@iace-usa.com

Agent: Hiroyuki Tamaishi

College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137

Air Tickets

■ Detailed Billing

| Statement | Unit Price | Quantity | Amount |
|--------------------------------------|------------|----------|--------|
| Trip Cancellation Fee for [REDACTED] | 600.00 | 1 | 600.00 |

Total Amount \$ 600.00

■ Group Name

Collega of DuPage Japan Trip March 2020

OK to pay MM 6/3/20

■ Memo

Cancellation Fee for Flight Reservation

Maren McKellin