

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1313737

Vendor Name: Illinois Community College Tru

Invoice Number: 85043

Invoice Date: 06/23/20

PO Number:

Check Number: 0270900

Check Amount: \$ 6,000.00

Check Date: 07/14/2020

Department ID: 00781

Reviewer Name:

Voucher Number: V0632504

Redaction Type: Other

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

Document Below

From: acctpay@cod.edu
Sent: Thu Jun 25 14:37:32 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request, ICCCP & Marketing Collaborative Dues

From: Frye, Tracey <fryetr@cod.edu>
Sent: Thursday, June 25, 2020 8:12 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request, ICCCP & Marketing Collaborative Dues

Please find the attached check request for the ICCCP & Marketing Collaborative Dues. Please process this request as a FY21 expense.

When sending the payment, please include the attached invoice.

Thank you!



Tracey Frye
Executive Assistant to the President
College of DuPage
425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599
phone 630.942.2201 | fax 630.942.2869 | fryetr@cod.edu

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College of DuPage

College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

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: 6/24/2020
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
85043		01	80	00781	5406002	Dues	\$ 6,000.00
Grand Total							\$ 6,000.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

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: President's Council
ICCCP c/o Stephanie Spann
401 E. Capitol Ave., Ste 200
Payee Address: Springfield, IL 62701-1711

Other
Instructions:

Description on Check:

FY21 Dues for the Illinois Council of Community College Presidents (for which Dr. Caputo serves as a member) and the endorsed statewide Marketing Collaborative.

Approvals:

Prepared By: Tracey Frye
Signature: *Tracey Frye*
Payment Due: Due Upon Receipt
Board Approved Date: NA

Approved By: Dr. Brian Caputo, President Date: 6/24/20
Signature: *Brian W. Caputo*
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



ILLINOIS COUNCIL
of Community College
PRESIDENTS

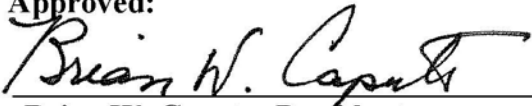
**DUES
INVOICE**

College of DuPage
Attn: Dr. Brian Caputo
425 Fawell Boulevard
Glen Ellyn, IL 60137

Date: 6/23/2020

Invoice #: 85043

Terms: Due upon Receipt

Description	Amount
FY21 Illinois Council of Community College Presidents (ICCCP) Dues	3,500.00
ICC Marketing Collaborative - 2nd of 3 annual installments	2,500.00
<div><div>Approved:  Brian W. Caputo, President</div><div>6/23/20 Date</div></div>	
<div>Please make check payable to: Presidents Council and mail to: ICCCP c/o Stephanie Spann 401 E. Capitol Ave, Ste 200 Springfield, IL 62701-1711</div>	
Total	\$6,000.00