

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086046

Vendor Name: IAODAPCA, Inc.

Invoice Number: 15659

Invoice Date: 05/19/21

PO Number: B0373792

Check Number: 0281667

Check Amount: \$ 85.00

Check Date: 06/08/2021

Department ID: 00197

Reviewer Name:

Voucher Number: V0679903

Redaction Type: None

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

Document Below

From: Dando, Anne Marie <dandoa@cod.edu>
Sent: Wed May 19 14:10:53 CDT 2021
To: invoicing@cod.edu
CC: cruza251@cod.edu
Subject: Check Enclosed Request - PO#373792 from Anabel Cruz 5-19-21 amd.pdf

Hello,

The attached purchase order and check enclosed has been ordered by Anabel Cruz. Please be sure to include the invoice with the check.

If you have any questions, kindly work directly with her as needed.

Thank you.

Best,

Anne Marie Dando

Procurement Services Assistant



425 Fawell Blvd. | Glen Ellyn, IL 60137-6599 | USA
T: (630) 942.2813 | dandoa@cod.edu

[Click Here for current bids/Rfps!](#)

[COD: Check out our Team Site!](#)

[attachment: Check Enclosed Request - PO#373792 from Anabel Cruz 5-19-21 amd.pdf]



College of DuPage

Bill To:**College of DuPage**

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

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

Vendor:

1086046
IAODAPCA
401 East Sangamon Avenue
Springfield, IL 62702

Attn: Service, Customer

Phone: (217)698-8119

Fax:

Check Enclosed Requested
Must include invoice with check
5/19/21 - amd

PURCHASE ORDER

373792

Page: 1

Release Method: Hard Copy

Release Date: 05/19/2021

Created Date: 05/19/2021

Ship To:

BLANKET PO
425 Fawell Blvd.
Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2378

Fax:

Deliver To: Jason Florin

AP VERIFIED

PO Created By: J. Marie

Purchase Order Comments:

Check enclosed with attached invoice.

PROGRAM NUMBER: 15659

5/7/21 thru 5/7/23

05/19/21 - BETHANY CRUSE

Requisition Number(s): 685369

Requisitioner Name(s): Anabel Cruz

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Mental Health in the Time of COVID 5/7/21 to 5/7/23 Application Fee	\$60.00	\$60.00
2		1	Each	Fees for CEU's	\$25.00	\$25.00
					Sub Total: \$	85.00
					Total: \$	85.00

Account Code Summary

Account Code	Account Description	Amount
01-10-00197-5406002		\$85.00

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpay@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.

Bill To:**College of DuPage**

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

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.

11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.

12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.

PURCHASE ORDER

373792

Page: 2**Release Method:** Hard Copy**Release Date:** 05/19/2021**Created Date:** 05/19/2021



Illinois Certification Board, Inc. d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Marcia Van Natta, CADAC, President, Board of Directors, Jessica Hayes, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

May 19, 2021

College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

PROGRAM NAME: Mental Health in the Time of COVID

5/7/2021

ICB has received and reviewed the application for the above named continuing education program. Based upon an evaluation of the materials presented in the application, and in accordance with ICB criteria, continuing education units (CEUs) have been awarded as follows:

PROGRAM NUMBER: 15659

Category: Counselor I or II, Preventionist I or II, CARS I or II, CODP I or II, PCGC II, CCJP II, CAAP I, CRSS I or II, CVSS II, ATE, CPRS I or II, MAATP I or II, CFPP II, NCRS II

Continuing Education Units: 5

Beginning Date: 5/7/2021

Expiration Date: 5/7/2023

This program number is valid for two years and may be repeated any number of times within this two-year period by submitting a letter of intent to repeat, including any changes, the date of presentation, and the CEU fee of \$5.00 per unit.

Please include the following information on the PREPRINTED certificates:

- Name of Participant
- Name and Date of Program
- ICB Program Number
- Assigned Categories
- Number of CEUs Awarded

Please note, you are responsible for maintaining the sign in sheets and evaluations of this program for 2 years from the date of your training. You are no longer required to submit this follow up paperwork to ICB. Please note, ICB may contact you for verification of attendance of participants and other training matters.

Thank you for your participation in providing continuing education units to ICB credentialed professionals.

Sincerely,

Madison Chandler
Operations

To Protect the Public by providing competency based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG EMAIL: INFO@IAODAPCA.ORG





Illinois Certification Board, Inc. d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Marcia Van Natta, CADAC, President, Board of Directors, Jessica Hayes, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

CONTINUING EDUCATION PROGRAM/INVOICE # 15659

DATE: May 19, 2021



PROGRAM NAME: Mental Health in the Time of COVID #15659

CEUs: 5 @ \$5.00 per unit

APPLICATION FEE:	\$60.00 (expedite fee included)
FEE FOR CEUs:	\$25.00
SUB-TOTAL:	\$85.00
PAYMENT RECEIVED:	\$0.00
TOTAL AMOUNT DUE:	\$85.00

PAYMENT DUE DATE: 6/5/2021

Please Make Check or Money Order Payable To: ICB, INC.

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____
(VISA or MasterCard only)

(Please include the three-digit number listed near the signature line on the back of the credit card) _____

Name on Card: _____ **Telephone Number:** (____) _____ - _____

Billing Address of Credit Card: _____

City: _____ **State:** _____ **Zip Code:** _____

PLEASE INCLUDE A COPY OF THIS INVOICE WITH YOUR PAYMENT. THANK YOU!

To Protect the Public by providing competency based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG **EMAIL:** INFO@IAODAPCA.ORG

