

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086142
Vendor Name: ICCET
Invoice Number: 2021-22 MEMB
Invoice Date: 06/02/21
PO Number:
Check Number: 0281669
Check Amount: \$ 100.00
Check Date: 06/08/2021
Department ID: 14625
Reviewer Name:
Voucher Number: V0684363
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

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 - Non-Purchase Order Procedure No. 10-65

Date: 6/2/2021
Vendor ID: 1086142

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
2021-22 MEMBER	05	50	14625	5406002	Dues	\$100.00
Grand Total						\$ 100.00

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: ICCET/Barb Courville, Treasurer
Black Hawk College/Pace Dept, 301
Ave of the Cities, East Moline, IL
Payee Address: 61244

Other
Instructions: _____

Description on Check:

Membership Renewal (6 individuals)

Approvals:

Prepared By: Yvonne Bedford

Approved By: Dan Deary

Date: 6/3/21

Signature: _____

Signature: [Signature]

Payment Due: ASAP

Approved By: _____

Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division VP: _____

Date: _____

Signature: _____

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

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Thu Jun 03 16:02:35 CDT 2021
To: invoicing@cod.edu
CC:
Subject: ICCET

Hello

Please see attached Check Request to ICCET and invoice (membership form).

Regards,

Yvonne Bedford

Yvonne Bedford
College of DuPage
Continuing Education
(630) 942-4194

[attachment: ICCET Membership and Renewal Form 2021-2022 .pdf]
[attachment: ICCET \$100 Signed.pdf]



ICCET Membership Form 2021 - 2022

Please send completed form along with a check

made payable to ICCET to:

Barb Courville, ICCET Treasurer

Black Hawk College-PaCE Department

301 Avenue of the Cities, East Moline IL 61244

Membership Deadline: September 3, 2021

INSTITUTION: College of DuPage

Select one of the following options:

 ICCET Individual Membership @ \$30 per person

 X ICCET Institutional Membership @ \$100 (Up to 6 members. \$25 per additional member.)

INSTITUTIONAL REPRESENTATIVE

Name/Title: Debbie Hasse

Address: 425 Fawell Blvd.

City/State/Zip Code: Glen Ellyn, IL 60183

Phone Number: 630-942-2679

Extension:

Email: hassed@cod.edu

☐ New ICCET Member

☒ Renewing ICCET Member

ADDITIONAL MEMBERS

Name/Title: Lori Garcia

Address: 425 Fawell Blvd.

City/State/Zip Code: Glen Ellyn, IL 60183

Phone Number: 630-942-2412

Extension:

Email: gachel@cod.edu

☒ New ICCET Member

☐ Renewing ICCET Member

Name/Title: Tobey McCoy

Address: 425 Fawell Blvd.

City/State/Zip Code: Glen Ellyn, IL 60183

Phone Number: 630-942-4575

Extension:

Email: mccoyt319@cod.edu

☐ New ICCET Member

☒ Renewing ICCET Member

Name/Title: Pat O'Shaughnessy
Address: 425 Fawell Blvd.
City/State/Zip Code: Glen Ellyn, IL 60183
Phone Number: 630-942-3818 Extension: _____
Email: oshaughnessyp@cod.edu
☐ New ICCET Member ☒ Renewing ICCET Member

Name/Title: Amanda Skarosi
Address: 425 Fawell Blvd.
City/State/Zip Code: Glen Ellyn, IL 60183
Phone Number: 630-942-2524 Extension: _____
Email: skarosia@cod.edu
☐ New ICCET Member ☒ Renewing ICCET Member

Name/Title: Jenifer Walsh
Address: 425 Fawell Blvd.
City/State/Zip Code: Glen Ellyn, IL 60183
Phone Number: 630-942-3785 Extension: _____
Email: walshj103@cod.edu
☐ New ICCET Member ☒ Renewing ICCET Member

Name/Title: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____ Extension: _____
Email: _____
☐ New ICCET Member ☐ Renewing ICCET Member

Name/Title: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____ Extension: _____
Email: _____
☐ New ICCET Member ☐ Renewing ICCET Member

Name/Title: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____ Extension: _____
Email: _____
☐ New ICCET Member ☐ Renewing ICCET Member