

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086165  
Vendor Name: ICISP  
Invoice Number: D & B Jagelette  
Invoice Date: 7/25/2022  
PO Number:  
Check Number: E0090913  
Check Amount: \$ 9,367.00  
Check Date: 08/10/2022  
Voucher Number: V0749220  
Document Type: AP Invoice

Document Below

**Check Request Form**

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 7/25/2022 Vendor ID: 1086165 Vendor Name: ICISP  
 Payee Address: 1500 W Raab Rd, Normal IL 61761 Payment Due Date: asap

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
		International Travel Costs	500.00
		International Travel Costs	8,867.00
<b>Total</b>			<b>\$ 9,367.00</b>

Check the appropriate box below:

- ☒ 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.

Description on Check:

Other Instructions:

**All requests will require the following approvals:**

Requester: Susan Kerby Digitally signed by Susan Kerby  
Date: 2022.07.25 09:24:53 -05'00' Print Name: Susan Kerby  
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin  
Date: 2022.07.25 09:48:55 -05'00' Print Name: Maren McKellin

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): Tamara McClain Digitally signed by Tamara McClain  
Date: 2022.07.25 17:51:53 -05'00' Print Name: Tamara McClain

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (*cont.*)**

### **Processing a Check Request:**

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: JUNE 10, 2022

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

### DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
		\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to *ICISP-Heartland Community College*

**THANK YOU FOR YOUR BUSINESS!**



# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: JUNE 30, 2022

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

### DUE DATE

August 1, 2022

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
		\$8,867	\$8,867
SUBTOTAL			\$8,867
CREDIT			
TOTAL DUE			\$8,867

Make all checks payable to ICISP-Heartland Community College

THANK YOU FOR YOUR BUSINESS!

**"Kerby, Susan"** <kerbys@cod.edu>

---

**Check request ICISP Canterbury**

---

**"Kerby, Susan"** <kerbys@cod.edu>

Tue, Jul 26, 2022 at 03:14 PM GMT

CC:

BCC:

Thanks for processing this additional check request.

Sue Kerby

College of Dupage Field Studies/Study Abroad/Global Education

Coordinator of Study Abroad

425 Fawell Blvd, BIC 3520

Glen Ellyn, IL 60137

(630) 942-3078

<https://cod.edu/field>

---

**1 attachment**



## Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 7/25/2022 Vendor ID: 1086165 Vendor Name: ICISP  
 Payee Address: 1500 W Raab Rd, Normal IL 61761 Payment Due Date: asap

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Deposit - J agelette	05-60-00661-5505006	International Travel Costs	500.00
Balance - J agelette	05-60-00661-5505006	International Travel Costs	8,867.00
<b>Total</b>			<b>\$ 9,367.00</b>

Check the appropriate box below:

- ☒ 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.

Description on Check:

G. J agelette - Canterbury Study Abroad 2022FA

Other Instructions:

### All requests will require the following approvals:

Requester: Susan Kerby Digitally signed by Susan Kerby  
Date: 2022.07.25 09:24:53 -05'00' Print Name: Susan Kerby  
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin  
Date: 2022.07.25 09:48:55 -05'00' Print Name: Maren McKellin

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): Tamara McClain Digitally signed by Tamara McClain  
Date: 2022.07.25 17:51:53 -05'00' Print Name: Tamara McClain

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## Check Request Form (*cont.*)

### Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.





## INVOICE

DATE: JUNE 10, 2022

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

### DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Deposit for Gabrielle Jagelette for Canterbury SA Fall 2022	\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to *ICISP-Heartland Community College*  
**THANK YOU FOR YOUR BUSINESS!**



# INVOICE

DATE: JUNE 30, 2022

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

## DUE DATE

August 1, 2022

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Final pmtfor Gabrielle Jagelette for Canterbury SA Fall 2022 based on non-ensuite pricing	\$8,867	\$8,867
SUBTOTAL			\$8,867
CREDIT			
TOTAL DUE			\$8,867

Make all checks payable to ICISP-Heartland Community College  
**THANK YOU FOR YOUR BUSINESS!**

**"Kerby, Susan"** <kerbys@cod.edu>

---

**Check request ICISP Canterbury**

---

**"Kerby, Susan"** <kerbys@cod.edu>

Tue, Jul 26, 2022 at 03:14 PM GMT

CC:

BCC:

Thanks for processing this additional check request.

Sue Kerby

College of Dupage Field Studies/Study Abroad/Global Education

Coordinator of Study Abroad

425 Fawell Blvd, BIC 3520

Glen Ellyn, IL 60137

(630) 942-3078

<https://cod.edu/field>

---

**1 attachment**

2022FA check request Canterbury signed.pdf