

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086469

Vendor Name: ILEAS

Invoice Number: DUES11452

Invoice Date: 8/10/2022

PO Number:

Check Number: E0091016

Check Amount: \$ 120.00

Check Date: 08/16/2022

Voucher Number: V0749739

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: 08-10-2022 Vendor ID: 1086469 Vendor Name: ILEAS

Payee Address: 1701 E Main Street Urbana, Payment Due Date: 09-01-2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Date on Invoice	01-70-00697-5401006	Other Supplies	120.00
Total			\$ 120.00

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:

Remit:  
ILEAS, Attn: Amy Gray, 1701 E. main Street, Urbana, IL 61802

Other Instructions:

Send Check

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

Requester: Joe Mullin 301 Print Name: James Nehls

Budget Officer: Joe Mullin Print Name: Joe Mullin

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

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

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)**

"Nehls, James" <nehlsj156@cod.edu>

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**ILEAS**

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"Nehls, James" <nehlsj156@cod.edu>

Wed, Aug 10, 2022 at 05:14 PM GMT

CC: Mullin, Joseph <mullin@cod.edu>

BCC:

Good Afternoon Accounts Payable,

Please process.

Thank you,

Deputy Chief James Nehls

College of DuPage Police Department

630-942-4277

[nehlsj156@cod.edu](mailto:nehlsj156@cod.edu)

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**From:** Mullin, Joseph <mullin@cod.edu>

**Sent:** Wednesday, August 10, 2022 12:07 PM

**To:** Nehls, James <nehlsj156@cod.edu>

**Subject:**

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**2 attachments**

1325\_001.pdf

1326\_001.pdf

# INVOICE

Invoice ID: 0500-1271-3869

<b>Vendor</b>	ILEAS
<b>Created By</b>	James Nehls [   0349558   nehlsj156]
<b>Create Date</b>	08/10/2022

## Invoice Information

<b>Vendor</b>	ILEAS [1086469]
<b>Address</b>	[f553df79-19b4-4da3-8f4f-2eff5cf9270b] Attn: Amy Gray 1701 E. Main St Urbana,IL 61802
<b>Invoice Number</b>	DUES11452
<b>Invoice Date</b>	07/01/2022
<b>Invoice Amount</b>	120.00 USD

## Invoice Notes

**J Nehls** 08/10/2022 12:15 PM  
Email address of sender: nehlsj156@cod.edu.  
Email received timestamp: 08/10/2022 17:15 GMT

## Expense Summary

Amount (USD)



1701 E Main St  
Urbana, IL 61802  
Ph: (217) 328-3800  
Fax: (217) 328-3845

Invoice No. DUES11452

**INVOICE**

<b>Agency</b>		<b>Misc</b>	
<b>Name</b>	College of DuPage Police Dept	<b>Date</b>	07/01/2022
<b>Address</b>	425 Fawell Blvd. Glen Ellyn, IL 60137	<b>P.O. No.</b>	

Description	TOTAL
<b>ILEAS 2022 Annual Membership Dues</b>	<b>\$ 120.00</b>
-- Due Date: September 1st, 2022	
-- Covers: July 1st, 2022 through June 30th, 2023	
Remember, your agency is not eligible for equipment, overtime reimbursement, or grants if you are delinquent on your dues payments.	
<b>Balance Due:</b>	<b>\$ 120.00</b>

Please Remit To: ILEAS  
Attn: Amy Gray  
1701 E Main St  
Urbana, IL 61802

*Joe Mullin*

"Nehls, James" <nehlsj156@cod.edu>

**ILEAS**

"Nehls, James" <nehlsj156@cod.edu>

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