

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086105  
Vendor Name: ICCSAA  
Invoice Number: MEMBERSHIP FORM  
Invoice Date: 1/9/2023  
PO Number:  
Check Number: E0093087  
Check Amount: \$ 100.00  
Check Date: 01/11/2023  
Voucher Number: V0767525  
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: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</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: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

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)**

## 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.



**2022-2023 MEMBERSHIP FORM**

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Main Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

List additional staff to be included on the listserv and member directory.

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Staff Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please return this completed form by December 19th, 2022.

Payment can be sent separately and is due by January 9th, 2023.

Membership forms can be returned via email to [gstevens@sandburg.edu](mailto:gstevens@sandburg.edu)

The yearly cost to be an ICCSAA Member is \$100.

You can pay online at [www.paypal.me/ICCSAA](http://www.paypal.me/ICCSAA) or a check payable to ICCSAA and send to:

Genny Stevens, Coordinator of Student Life

Carl Sandburg College

2400 Tom L. Wilson Blvd.

Galesburg, IL 61401



## **2022-2023 ICCSAA Executive Board**

**President: Skylar Guimond**

Heartland Community College

[skylar.guimond@heartland.edu](mailto:skylar.guimond@heartland.edu)

**Vice-President: VACANT**

**Secretary: Jelymar Mejia**

College of DuPage

[mejiaj742@cod.edu](mailto:mejiaj742@cod.edu)

**Treasurer: Genny Stevens**

Carl Sandburg College

[gstevens@sandburg.edu](mailto:gstevens@sandburg.edu)

**Online Communications Mgr: Princess Escudero**

Oakton Community College

[princess@oakton.edu](mailto:princess@oakton.edu)

**Online Communications Mgr: Stacey Moore**

Highland Community College

[stacey.moore@highland.edu](mailto:stacey.moore@highland.edu)

**Organizational Effectiveness: Steven Karasewski**

Joliet Junior College

[steven.karasewski@jjc.edu](mailto:steven.karasewski@jjc.edu)

**Board Advisor: Stephanie Quirk**

College of DuPage

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

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

---

**Check Request Form- ICCSAA**

---

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Mon, Jan 9, 2023 at 06:33 PM UTC

CC:

BCC:

Thanks,

**Jacqueline Rangel**

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1217 | [rangelj7781@cod.edu](mailto:rangelj7781@cod.edu)

---

**1 attachment**

Check Request Form ICCSAA 2023 CS.pdf