

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087215  
Vendor Name: League of Chicago Theatres  
Invoice Number: 2022-23 DUES  
Invoice Date: 4/7/2023  
PO Number:  
Check Number: E0094658  
Check Amount: \$ 1,097.00  
Check Date: 04/11/2023  
Voucher Number: V0780940  
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.

# Cart

Coupon code applied successfully.

Product	Price	Quantity	Subtotal
<div><div><div></div></div><div><div></div></div></div> <div>Theatre Voting Member - 4: \$250,001 - \$750,000</div>	\$1,155 for 1 year	<div>-</div> <div>+</div>	\$1,155 for 1 year
<div><div>Coupon code</div><div>Apply coupon</div></div>			<div>Update cart</div>

## Cart totals

Subtotal	\$1,155
Coupon: springearly23	-\$58 [Remove]
Total	\$1,097

Proceed to checkout

## Recent Job Postings

Subscription Sales Representative

Audience Services Manager

Box Office Associate

Designers

General Ledger Manager

## Recent Audition Postings

View All Auditions

Post An Audition



Creative Team Artists

Development Coordinator

[View All Jobs](#)

[Post A Job](#)



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**From:** [Sarther, Janey](#)  
**To:** [McGowan, Ellen](#)  
**Subject:** FW: [External] Time to Renew Your Membership for Spring '23!  
**Date:** Wednesday, April 5, 2023 3:25:17 PM  
**Attachments:** [Member Benefits.pdf](#)  
[Mem Benefits Infographic.png](#)

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**From:** Kara Jackson <kara@chicagoplays.com>  
**Sent:** Wednesday, April 5, 2023 2:54 PM  
**Subject:** [External] Time to Renew Your Membership for Spring '23!

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Hello!

I am Kara Jackson, the Membership Manager at the League of Chicago Theatres and I am reaching out to let you know that it is time to renew your membership with the League! We so appreciate your membership and all of us at the League hope you continue to find value in all that we do. Please don't hesitate to contact us anytime with any questions or concerns you might have.

If you renew by **April 21st, 2023** you will receive an **Early Bird Discount of 5%**. The final deadline for all Spring renewals is **May 5th, 2023**.

To renew your League Membership, please head to our website [HERE](#) and pay by credit card. You will find the membership levels when you go to that page, as well as the dues breakdown.

Enter the following discount code at checkout to apply a 5% discount to your purchase: **SPRINGEARLY23**

If you would like to renew by check, please send your payment to:

**League of Chicago Theatres**

**ATTN: Membership Renewal**

**17 N. Wabash Ave. Suite 520**

**Chicago, IL 60602**

Thanks so much and please let me know if you have any questions, I would be happy to help!

Best,

Kara