

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1083619  
Vendor Name: Council for Higher Education  
Invoice Number: NCA-0162-01-FY24  
Invoice Date: 5/1/2023  
PO Number:  
Check Number: 0311747  
Check Amount: \$ 5,370.00  
Check Date: 05/09/2023  
Voucher Number: V0784478  
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.

"Frye, Tracey" <fryetr@cod.edu>

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**CHEA Annual Dues Check Request**

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"Frye, Tracey" <fryetr@cod.edu>

Tue, May 2, 2023 at 01:26 PM UTC

CC:

BCC:

Please process the attached check request for the payment of the Council for Higher Education Accreditation (CHEA) annual institutional dues.

Thank you!

Tracey Frye

Executive Assistant to the President

College of DuPage

425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599

phone 630.942.2201 | fax 630.942.2869 | [fryetr@cod.edu](mailto:fryetr@cod.edu)

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**3 attachments**

FY24\_CHEA\_Eligible\_1st\_585.pdf

image001.png

CHEA Annual Dues 2023 - 2024 5.01.23 - with BWC sig.pdf

# INVOICE

Invoice ID: 0500-1443-0289

<b>Vendor</b>	Council for Higher Education
<b>Requester</b>	Chrome River College of DuPage [Creator   chromeriver   chromeriver]
<b>Created By</b>	Tracey Frye [   1040658   fryetr]
<b>Create Date</b>	05/02/2023

## Invoice Information

<b>Vendor</b>	Council for Higher Education [1083619]
<b>Address</b>	[9ffad4cb-03a4-4573-bb8e-ea4a7f99e796] P.O. Box 37085 Baltimore,MD 21297-3085
<b>Invoice Number</b>	NCA-0162-01
<b>Invoice Date</b>	04/19/2023
<b>Invoice Amount</b>	5,370.00 USD
<b>EthINVHDBank</b>	IM
<b>FiscalYear</b>	FY23
<b>EthINVAPType</b>	IM

## Invoice Notes

**T Frye** 05/02/2023 08:28 AM  
Email address of sender: fryetr@cod.edu.  
Email received timestamp: 05/02/2023 13:28 GMT

## Expense Summary

Amount (USD)

**Council for Higher Education Accreditation**

**Address:** P. O. Box 37085  
Baltimore, MD 21297-3085  
**Phone:** 202-955-6126  
**Fax:** 202-915-0818  
**Inquiries:** [membership@chea.org](mailto:membership@chea.org)



April 19, 2023

**BILL TO:**

College of DuPage  
Dr. Brian Caputo  
President  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599  
United States

CHEA INVOICE #: NCA-0162-01-FY24

DUES AMOUNT: \$5,370

**First Invoice**

**ANNUAL INSTITUTIONAL MEMBERSHIP**  
**July 1, 2023 to June 30, 2024**

**PAY ONLINE via Credit Card:** (We accept MasterCard, Visa, Discover, and American Express)  
Go to <https://www.chea.org/renew> - find your institution's invoice using the following  
Logon Colle757 and Password 757

**CHECK:** Please be sure to include the invoice number (above) on the check and remit to the address above.

**FAX:** Enter credit card information below and fax to 202-915-0818:

Payment Amount: \$ 5,370.00

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_ (3-digit code on MasterCard, Visa and Discover; 4-digit code on American Express)

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

**ELECTRONIC PAYMENT:**

**Wiring Instructions:**  
Bank name: BB&T  
Bank Address: 1909 K St NW WDC 20006  
ABA Routing #: 054001547  
Acct Name: Council for Higher Education Accreditation (CHEA)  
Acct Number: 0005163200998  
SWIFT code: BRBTUS33  
CHIPS participant #: 0160

**ACH Instructions:**  
Bank Name: BB&T  
Bank ACH routing #: 054001547  
Acct Name: Council for Higher Education Accreditation (CHEA)  
Acct Number: 0005163200998  
Remittance Email: [membership@chea.org](mailto:membership@chea.org)

**PURCHASE ORDER:** Fax copy of purchase order to 202-915-0818.

CHEA FEDERAL I.D. NUMBER: 52-1994352

For billing questions, please call 202-955-6126 or email [membership@chea.org](mailto:membership@chea.org).

"Frye, Tracey" <fryetr@cod.edu>

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image001.png

CHEA Annual Dues 2023 - 2024 5.01.23 - with BWC sig.pdf