

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086165  
Vendor Name: ICISP  
Invoice Number: 050123  
Invoice Date: 5/1/2023  
PO Number:  
Check Number: E0095186  
Check Amount: \$ 900.00  
Check Date: 05/11/2023  
Voucher Number: V0785193  
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
Total			\$

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)**



# INVOICE

DATE: MAY 1, 2023

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

July 1, 2023

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	ICISP Dues FY24	\$900	\$900
SUBTOTAL			\$900
CREDIT			
TOTAL DUE			\$900

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

"McKellin, Maren" <mckellin@cod.edu>

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**Check Request - ICISP Dues**

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"McKellin, Maren" <mckellin@cod.edu>

Tue, May 2, 2023 at 01:48 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

Check request dues fy24.pdf