

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086751  
Vendor Name: IACE Travel  
Invoice Number: 2023SU-1  
Invoice Date: 4/25/2023  
PO Number:  
Check Number: E0095195  
Check Amount: \$ 31,710.00  
Check Date: 05/16/2023  
Voucher Number: V0784383  
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)**



Invoice		
Invoice #	:	
Date	:	April 21, 2023

**IACE TRAVEL**  
535 8th Avenue  
Suite 801  
New York, NY 10018

College of DuPage  
425 Fawell Blvd  
Glen Ellyn IL 60137

■ STATEMENT

Statement	Unit Price	Quantity	Amount
Travel Package	\$2,265.00	14	\$31,710.00

**TOTAL AMOUNT** \$31,710.00

■ GROUP

College of DuPage Summer 2023

■ FLIGHT ITINERARY

Departure Date	Departure City	Arrival City	Flight #	Class	Departure Time	Arrival Time
21JUN23, Wed	Chicago O'Hare Intl' Airport	San Francisco Intl' Airport	UA 336	ECONOMY	06 : 00	08 : 47
21JUN23, Wed	San Francisco Intl' Airport	Kansai International Airport	UA 35	ECONOMY	11 : 10	14 : 50 (+ 1 Day)
21JUL23, Fri	Kansai International Airport	San Francisco Intl' Airport	UA 34	ECONOMY	16 : 50	11 : 15
21JUL23, Fri	San Francisco Intl' Airport	Chicago O'Hare Intl' Airport	UA 2627	ECONOMY	15 : 01	21 : 25

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

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**Check Request Form IACE**

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

Thu, Apr 27, 2023 at 08:51 PM UTC

CC:

BCC:

Please see the attached.

Thanks,

Maren

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**1 attachment**

2023SU Japan IACE (002)\_MCC.pdf