

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1081503
Vendor Name: Aba/American Bar Association
Invoice Number: 0098173521
Invoice Date: 9/29/2023
PO Number:
Check Number: 0317984
Check Amount: \$ 1,750.00
Check Date: 10/11/2023
Voucher Number: V0803683
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 2.21, Vendor Payment.

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



AMERICANBARASSOCIATION

American Bar Association
321 N Clark St, Chicago, IL, 60654, USA
Phone: 800-285-2221
Email: service@americanbar.org
FEIN: 36-0723150

INVOICE

College of DuPage
425 Fawell Blvd
Attn: Sally Fairbank
Glen Ellyn, IL 60137-6599

Print Date: 20-Jan-2023
Bill-To: 02300231-0
Order Number: 9010123845
Order Date: 18-Jan-2023
Invoice Number: 0098173521
Terms: NET30
Purchase Order:

Product	Fulfil Status	Status	Qty	Unit Price	Unit Discount	Coupon	Adjustment	Total
APPROV/PARAPPROV-APPROV - ABA Paralegal Program Reapproval Fee - Due October 15, 2023 Customer: 02300231 College of DuPage 425 Fawell Blvd Attn: Sally Fairbank Glen Ellyn, IL 60137-6599	Active	Active	1	1,750.00	0.00	0.00	0.00	1,750.00

Shipping: 0.00
Tax: 0.00
Order Total : 1,750.00
Paid to Date: 0.00
Current Amount Due: 1,750.00

We appreciate your business

Please detach the lower portion and return it with your payment. Thank you.

Customer: 02300231-0 College of DuPage
Order No.: 9010123845 Invoice No: 0098173521
Balance Due(USD): 1,750.00
Credit Card # _____ Exp. Date: ____ / ____
Credit Cards Accepted - (Amex, Discover, Mastercard, ABA Visa, Visa) Amount: _____

Send payments to: American Bar Association
Attn: Cash Receipts
321 N Clark St
Chicago, IL 60654
FAX#: 312-988-6279

For your protection, please do not email this form with your credit card
information. Please mail or fax it directly to the address or fax number listed

"Carlson, Beverly" <carlsonb@cod.edu>

Check Request

"Carlson, Beverly" <carlsonb@cod.edu>

Fri, Sep 29, 2023 at 09:53 PM UTC

CC: Payne, Channing <paynec1312@cod.edu>

BCC:

Hello AP,

Please find attached Check Request Form for ABA re-approval dues.

Let me know if you need anything else.

Thank you,

Bev

Beverly Carlson, MBA

College of DuPage

Business & Applied Technology Division

Program Support Specialist
Berg Instructional Center, Room 1436B

(630) 942-2140

1 attachment

Check Request Form ABA Dues Re-accreditation PLGL Program signed.pdf