

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086165
Vendor Name: ICISP
Invoice Number: Sept 26 2023
Invoice Date: 10/2/2023
PO Number:
Check Number: E0097530
Check Amount: \$ 150.00
Check Date: 10/10/2023
Voucher Number: V0804003
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

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.



INVOICE

DATE: SEPTEMBER 26, 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

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	2-week Exchange 2023-24 for Sandra Anderson	\$150	\$150
SUBTOTAL			\$150
CREDIT			
TOTAL DUE			\$150

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

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

Check Request - ICISP

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

Mon, Oct 2, 2023 at 04:03 PM UTC

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

BCC:

Please see the attached check request.

Thanks,

Maren

1 attachment

ICISP Exch 2023 2024 invoice.pdf