

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1081277
Vendor Name: AACC
Invoice Number: 1000179998
Invoice Date: 9/25/2023
PO Number:
Check Number: E0097729
Check Amount: \$ 22,820.00
Check Date: 10/19/2023
Voucher Number: V0803728
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



American Association of Community Colleges
 One Dupont Circle, NW, Suite 700, Washington, DC, 20036, USA
 Phone: (202) 728-0200 Fax: (202) 833-2467

ANNUAL DUES NOTICE

Date: 12-Sep-2023

Ship-To: 000000001644-0

Order Number: 1000179998

Order Date: 12-Sep-2023

Invoice Number :

College of Dupage
 Attn: Brian Caputo
 President
 425 Fawell Boulevard
 Glen Ellyn, IL 60137

Product	Fulfill Status	Status	Qty	Unit Price	Unit Discount	Coupon	Adjustment	Total
AACC/INST_MBR-AACC - Institutional Member 01-Jan-2024 to 31-Dec-2024	Active	Proforma	1	22,745.00	0.00	0.00	0.00	22,745.00
AACC/PRES_ACADEMY-AACC - Presidents Academy Fee 01-Jan-2024 to 31-Dec-2024	Active	Proforma	1	75.00	0.00	0.00	0.00	75.00
Shipping:								0.00
Total :								22,820.00
Paid To Date								0.00
Current Amount Due :								22,820.00

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

Customer: 000000001644-0
 Order No.: 1000179998

College of Dupage
 Invoice No:

Balance Due(USD): 22,820.00

Federal Tax ID: 53 0196569

Amount:

Send payments to: American Association of Community Colleges
 PO Box 75263
 Philadelphia, PA 19171

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

Check Request: AACC January 1 - December 31, 2024 Institutional Dues

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

Tue, Oct 3, 2023 at 03:37 PM UTC

CC:

BCC:

Please process the attached check request and invoice. Please contact me should you have any questions.

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

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2 attachments

AACC Check Request Form 09.25.23-BWC.pdf

image001.png