

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1593173

Vendor Name: IASA DuPage County Region,DBA IL Assoc

Invoice Number: 083024

Invoice Date: 8/27/2024

PO Number:

Check Number: 0328478

Check Amount: \$ 150.00

Check Date: 09/04/2024

Voucher Number: V0845196

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

IASA DUPAGE DIVISION - 2024-2025

Membership Renewal/Registration Form

Please complete the form below to submit your DuPage IASA membership and registration confirmation for the 2024-2025 school year.

Once you have submitted, please send your check with payment by August 30th, 2024 for your Membership Dues (\$150) to:

**IASA DuPage Division
c/o Jean Barbanente
Two Friendship Plaza
Addison, IL 60101**

Please note: these dues are for the DuPage IASA Division and are separate from the IASA dues.

Sign in to Google to save your progress. [Learn more](#)

* Indicates required question

Email *

hammond@cod.edu

name

Christine M. Hammond

position title

Interim President



email address

hammond@cod.edu

school district or organization

College of DuPage

school district address

425 Fawell Blvd., Glen Ellyn, IL 60137

office phone

630-942-2200

cell phone

517-449-1149

administrative assistant name

Tracey Frye



administrative assistant email

fryetr@cod.edu

Submit

Clear form

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Google Forms





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

Check Request - DuPage IASA (Dr. Hammond Membership)

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

Tue, Aug 27, 2024 at 03:57 PM UTC

CC:

BCC:

Good morning,

Please process the attached check request. Please note the remit address: c/o Jean Barbanente, Two Friendship Plaza, Addison, IL 60101

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

IASA DuPage 2024-2025 Membership Form Check Request Form.pdf

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