

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1289514  
Vendor Name: Holbrook Travel  
Invoice Number: 460564  
Invoice Date: 8/27/2024  
PO Number:  
Check Number: E0103038  
Check Amount: \$ 5,600.00  
Check Date: 09/04/2024  
Voucher Number: V0845300  
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](mailto:invoicing@cod.edu)**



08/27/2024  
Invoice # 460564

**College of DuPage - New Zealand: Wildlife and Ecosystems 2025**

**01/24/2025 - 02/09/2025**

**Kathleen Luczynski**

	Price	Charge(s)	Amount
<b>Deposit:</b>	\$350.00	16	\$5,600.00

The deposit is refundable/transferrable less a \$225 per person cancellation fee until 10/21/2024. Any cancellations after this date are fully nonrefundable.

**Invoice total:** \$5,600.00

**Statement of account:**

Date	Payment type	Number	Debits	Credits
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**Deposits:** \$0.00  
**Balance due:** \$5,600.00



Please remit payment to: Holbrook Travel 3540 NW 13th Street Gainesville, FL 32609  
Email: Accounting@HolbrookTravel.com Phone: 800-451-7111 Fax: 352-371-3710

08/27/2024  
Invoice # 460564

**College of DuPage - New Zealand: Wildlife and Ecosystems 2025**

Kathleen Luczynski  
6404 Loomes Ave., 3632 Princeton Ave  
Downers Grove, IL 60516

**Amount Due:** \$5,600.00  
**Payment:** \$  
**Due date:** Upon receipt

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

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**Check Request - Holbrook Travel**

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

Thu, Aug 29, 2024 at 02:22 PM UTC

CC:

BCC:

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Please pay the attached.

Thanks,

Maren

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**1 attachment**

2025SP Holbrook New Zealand.pdf