

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086106  
Vendor Name: ICCTA  
Invoice Number: 85303  
Invoice Date: 7/18/2024  
PO Number:  
Check Number: E0103039  
Check Amount: \$ 5,000.00  
Check Date: 09/04/2024  
Voucher Number: V0845267  
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)**



ILLINOIS COUNCIL  
of Community College  
**PRESIDENTS**

***DUES  
INVOICE***

College of DuPage  
Attn: Dr. Christine Hammond  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

Date: 7/18/2024

Invoice #: 85303

Terms: Due upon Receipt

Description	Amount
FY25 Illinois Council of Community College Presidents (ICCCP) Dues	5,000.00
Please make check payable to: Presidents Council and mail to: ICCCP c/o Stephanie Spann 401 E. Capitol Ave, Ste 200 Springfield, IL 62701-1711	<b>Total</b> \$5,000.00

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

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**Check Request (ICCCP Membership - Dr. Hammond)**

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

Tue, Aug 27, 2024 at 04:13 PM UTC

CC:

BCC:

Good morning,

Please process the attached check request.

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](mailto:fryetr@cod.edu)

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**2 attachments**

2024-2025 ICCCP Annual Membership Dues Check Request.pdf

image001.png