

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083785
Vendor Name: Chronicle of Higher Education
Invoice Number: 04228789
Invoice Date: 1/21/2025
PO Number:
Check Number: 0333874
Check Amount: \$ 79.00
Check Date: 01/22/2025
Voucher Number: V0865691
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

THE CHRONICLE OF HIGHER EDUCATION

PO Box 85 Congers NY 10920-0085

INVOICE

Subscription Invoice
Currently Due

ELLEN ROBERTS
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account: 04228789

Amount due:	Due:	Term:
\$79.00	2/12/2025	1 Year

☐ Check Enclosed
☐ Charge my: ☐ VISA ☐ MC ☐ Discover ☐ Amex

Card # _____

Expiration Date _____

Signature _____

Chronicle of Higher Education
PO Box 85
Congers, NY 10920-0085



PAY ONLINE: chronicle.com/paybill
Please write the account number on your payment.

Please detach along perforation and mail the top portion in the enclosed envelope.

Dear Ellen Roberts,

Payment for your subscription to *The Chronicle of Higher Education* is now due. For your convenience, you can also pay online at chronicle.com/paybill. Thank you for subscribing.

Sincerely,
Chronicle Customer Service
The Chronicle of Higher Education

If this notice has crossed with your payment, please disregard.

INV1

If you ever wish to cancel, simply contact us and we'll refund you the unused portion of your subscription. Have questions about your subscription or need assistance? Call (800)-728-2803 or email subscriptions@chronicleservice.com. 145-210

CHL-IF100 (3/21) Q

"Zerrudo, Marivic" <zerrudom@cod.edu>

FW: The Chronicle of Higher Ed - Check Request

"Zerrudo, Marivic" <zerrudom@cod.edu>

Tue, Jan 21, 2025 at 06:25 PM UTC

CC:

BCC:

Marivic Zerrudo

Accounts Payable Specialist

College of DuPage

425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599

phone 630-942-2601 | zerrudom@cod.edu

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Tuesday, January 21, 2025 12:24 PM
To: Zerrudo, Marivic <zerrudom@cod.edu>
Cc: Humphrey, Vera <humphreyv@cod.edu>
Subject: FW: The Chronicle of Higher Ed - Check Request
Importance: High

Hi Marivic,

This actually belongs to you. It's not under "The"

Thanks.

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Tuesday, January 21, 2025 12:21 PM
To: Barrios, Isabel <barriosi142@cod.edu>
Subject: FW: The Chronicle of Higher Ed - Check Request

Hi Isabel,

Attached is a check request for your further handling.

Thank you.

Vera Humphrey
Administrative Assistant to the
Vice President of Administrative Affairs

College of DuPage 425 Fawell Blvd SRC 2130 Glen Ellyn, IL 60137

630-942-4285 (ph) 630-942-2297 (fax)

From: Roberts, Ellen <roberts@cod.edu>
Sent: Tuesday, January 21, 2025 12:13 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: The Chronicle of Higher Ed - Check Request

Good afternoon, Vera –

Attached please find the signed request form.

Thank you,

Ellen

Ellen M. Roberts

Vice President, Administrative Affairs

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

roberts@cod.edu

630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Tuesday, January 21, 2025 12:08 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: The Chronicle of Higher Ed - Check Request

Hi Ellen,

Please find attached a check request for The Chronicle of Higher Ed for your approval.

Thank you,

Vera Humphrey

Administrative Assistant to the

Vice President of Administrative Affairs

College of DuPage 425 Fawell Blvd SRC 2130 Glen Ellyn, IL 60137

630-942-4285 (ph) 630-942-2297 (fax)

2 attachments

Check Request_Chronicle of Higher Ed.pdf

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