

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083785

Vendor Name: Chronicle of Higher Education

Check Details:

Check Number: 0340031

Check Amount: \$ 131.00

Check Date: 6/17/2025

Invoice Details:

Invoice Number: Acct.04228789

Invoice Date: 6/16/2025

PO Number: NULL

Voucher Number: V0889422

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

Account # 04228789 CHE KH2548DT1

ELLEN ROBERTS
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708



BEST DEAL ☐ **\$208.00:** Renew my subscription for 2 years and give me two bonus months!

☒ **\$131.00:** Renew my subscription for 1 year and give me one bonus month

Select Payment Method:

☐ Renew at chronicle.com/renewalbonus or scan QR code below

☒ My check is enclosed (to *The Chronicle of Higher Education*)

☐ Charge my: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card Number _____

Exp Date _____ Signature _____

Return this order form in the envelope provided.

Exclusive Renewal Offer

Get 2 Extra Months Free When You Renew Today



Scan to
Renew Now
REPLY BY: 7/8/2025

Dear Ellen Roberts,

As a *Chronicle* subscriber, your decisions leave a lasting impact in higher education. With the end of your subscription term approaching, we'd like to offer you a limited-time opportunity to **renew your subscription early and lock in up to two bonus months free.**

1-Year Renewal | Get 1 Month Free
Unlimited Access for ~~12~~ **13** Months

2-Year Renewal | Get 2 Months Free
Unlimited Access for ~~24~~ **26** Months

Don't miss out! This limited-time opportunity expires in 30 days. Return the attached form or renew online at chronicle.com/renewalbonus to continue leading with insight.

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Have questions about your subscription or need assistance? Call (800) 728-2803 or email subscriptions@chronicleservice.com.

Federal ID #52-1131774 (for your tax and expense records)

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

FW: Check Request - The Chronicle of Higher Ed

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

Tue, Jun 17, 2025 at 05:39 PM UTC

CC:

BCC:

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Tuesday, June 17, 2025 12:11 PM
To: Zerrudo, Marivic <zerrudom@cod.edu>
Subject: FW: Check Request - The Chronicle of Higher Ed

Hi Marivic,

Please find attached a check request for The Chronical of Higher Education. Could you please let me know when the check is available for pick up.

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: Monday, June 16, 2025 12:14 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: Check Request - The Chronicle of Higher Ed

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: Monday, June 16, 2025 11:30 AM
To: Roberts, Ellen <roberts@cod.edu>
Subject: Check Request - The Chronicle of Higher Ed

Hi Ellen,

For your approval, please find attached a check request to *The Chronicle of Higher Education* for subscription renewal.

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

image001.jpg

Check Request_The Chronicle.pdf