

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086106
Vendor Name: ICCTA

Check Details:

Check Number: E0107969
Check Amount: \$ 60.00
Check Date: 6/10/2025

Invoice Details:

Invoice Number: 899
Invoice Date: 5/30/2025
PO Number: NULL
Voucher Number: V0888395
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 \$5,000 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 \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 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



College of DuPage
Christine Hammond

Invoice # 899
Invoice Date 05/30/2025
Invoice Due Due Upon Receipt

Amount Due	\$ 60.00
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Transactions

Description	Amount
Christine Hammond: Registration-Added lunch to Registration - \$60.00	\$ 60.00

Total Amount	\$ 60.00
Amount Paid	-\$ 0.00
Amount Due	\$ 60.00

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

June ICCTA Annual Conference - Lunch Registration (Dr. Hammond)

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

Mon, Jun 9, 2025 at 03:55 PM UTC

CC:

BCC:

Please process the attached check request.

Thank you!

Tracey Frye

Executive Assistant to the President

College of DuPage

425 Fawell Blvd. 1 SRC 2135 1 Glen Ellyn, IL 60137-6599

phone 630.942.2201 1 fax 630.942.2869 1 fryetr@cod.edu

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2 attachments

June ICCCP - ICCTA Meetings Check Request - Lunch cmh.pdf

image001.png