

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1081277 **Vendor Name:** AACC

Check Details:

Check Number: E0110670 **Check Amount:** \$ 23,502.00 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: 1000183435 **Invoice Date:** 11/4/2025 **PO Number:** NULL
Voucher Number: V0913466

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



American Association of Community Colleges
 One Dupont Circle, NW, Suite 700, Washington, DC, 20036, USA
 Phone: (202) 728-0200 Fax: (202) 833-2467

ANNUAL DUES NOTICE

Date: 30-Oct-2025

Ship-To: 000000001644-0

Order Number: 1000183435

Order Date: 27-Oct-2025

College of DuPage
 Attn: M. Muddassir Siddiqi, Ed.D.
 Interim President
 425 Fawell Boulevard
 Glen Ellyn, IL 60137

| Product | Fulfill Status | Status | Qty | Unit Price | Unit Discount | Coupon | Adjustment | Total |
|---|----------------|----------|-----|------------|---------------|--------|------------|-----------|
| AACC/INST_MBR-AACC - Institutional Member 01-Jan-2026 to 31-Dec-2026 | Active | Proforma | 1 | 23,427.00 | 0.00 | 0.00 | 0.00 | 23,427.00 |
| AACC/PRES_ACADEMY-AACC - Presidents Academy Fee 01-Jan-2026 to 31-Dec-2026 | Active | Proforma | 1 | 75.00 | 0.00 | 0.00 | 0.00 | 75.00 |
| Shipping: | | | | | | | | 0.00 |
| Total : | | | | | | | | 23,502.00 |
| Paid To Date | | | | | | | | 0.00 |
| Current Amount Due : | | | | | | | | 23,502.00 |

Please detach the lower portion and return it with your payment. Thank you.

Customer: 000000001644-0 College of DuPage

Order No.: 1000183435

Balance Due(USD): 23,502.00

Federal Tax ID: 53 0196569

Amount: _____

Send payments to: American Association of Community Colleges
 PO Box 75263
 Philadelphia, PA 19171

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

Check Request

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

Thu, Nov 6, 2025 at 09:13 PM UTC

CC:

BCC:

Please process the attached Check Request for the renewal of institutional dues for the AACC.

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

11.04.25 AACC Institutional Dues Check Request Form.pdf

image001.png