

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1085849 **Vendor Name:** Higher Learning Commission

**Check Details:**

**Check Number:** 0346983 **Check Amount:** \$ 5,451.48 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** R14202 **Invoice Date:** 11/30/2025 **PO Number:** NULL  
**Voucher Number:** V0915355

**Document Type:** AP Invoice

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**Document Below**



Invoice Number: R14202  
Invoice Date: 11/30/2025  
Your Account Number: 1084  
Terms: Net 30

Bill To:

College of DuPage  
Dr. Muddassir Siddiqi  
President  
425 Fawell Blvd.  
Glen Ellyn IL 60137

Quantity	Description	Price	Total
1	Multi-Location - Expenses	\$1,451.48	\$1,451.48
5	Multi-Location Visit- Base Fee Westmont Center, Loyola University Medical Center, Advocate Good Samaritan Hospital, DuPage County C orrectional Facility, Naperville Central High Scho ol	\$800.00	\$4,000.00

**TOTAL INVOICE:** \$5,451.48

HLC reimburses team-members for approved travel related expenses incurred in accordance with HLC policies and procedures.

**\*\*\*NEW REMIT TO ADDRESS\*\*\***

**HIGHER LEARNING COMMISSION**  
**P.O. Box 735331**  
**Chicago, IL 60673-5331**

Wire/ACH Instructions:  
JP Morgan Chase Bank  
Higher Learning Commission  
Checking Acct# 758154426  
Checking ABA# 071000013

Questions, inquiries or to make a  
Credit card payment please contact  
[finance@hlcommission.org](mailto:finance@hlcommission.org)