

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1319429

Vendor Name: AAFPE American Assoc. for Para

Invoice Number: 300001534

Invoice Date: 10/18/17

PO Number:

Check Number: 0229811

Check Amount: \$ 475.00

Check Date: 01/17/2018

Department ID: 00097

Reviewer Name:

Voucher Number: V0490189

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: acctpay@cod.edu
Sent: Mon Dec 18 15:29:42 CST 2017
To: invoicing@cod.edu
CC:
Subject: FW: Approved Check Request for AAFPE Dues

From: Miller, Monica
Sent: Monday, December 18, 2017 3:15 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Approved Check Request for AAFPE Dues

Hello,

Please see the attached approved check request. I believe this is in compliance with Administrative Procedure 10-65, Vendor Payment. My understanding is that there is no purchase order necessary, as it would not be appropriate for dues.

Please let me know if there are any questions about this.

Thank you.

Monica

Monica Miller
Program Support Specialist
Business & Technology Division
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
(630) 942-3074

College of DuPage - Accounts Payable

Check Request Form

revised 3/27/17

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 12/18/2017
Vendor ID: 1319429

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
300001534	NA	01	10	00097	5406002	Dues	\$ 475.00
Grand Total							\$ 475.00

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services for which payment is being requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate and is due.
- ☐ **We**, the undersigned, hereby certify that the goods/services for which payment is being 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.

Payee Name: AAFPE American Association for Paralegal Education

Other
Instructions: _____

Payee Address: 222 S. Westmonte Drive, Suite 101
Altamonte Springs, FL 32714

Description on Check:

Approvals:

Prepared By: Monica Miller
Signature: [Signature]
Payment Due: _____
Board Approved Date: _____

Approved By: Kris Fay, Dean, BTBUS Date: _____
Signature: [Signature] 12/18/17
Approved By: _____ Date: _____
Signature: _____
Approved By Division VP: _____ Date: _____
Signature: _____

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



Invoice

Date	Invoice #
10/18/2017	300001534

Bill To
Sally Fairbank College of DuPage 425 Fawell Blvd. Glen Ellyn, IL 60137 United States

Member Info
Sally N. Fairbank College of DuPage 425 Fawell Blvd. Glen Ellyn, IL 60137 United States

Terms	Due Date
Due on receipt	10/18/2017

Description	Amount
Individual Membership Seats	\$25.00
Institutional Member	\$450.00
Total	\$475.00
Balance Due	\$475.00

If you have additional questions, please contact AAfPE Headquarters at info@aafpe.org or 407-774-7880. If you have chosen the "Bill Me" option, please submit a copy of this invoice and remit check payable to: AAfPE, 222 S. Westmonte Drive, Ste. 101, Altamonte Springs, FL 32714

PAYMENT METHOD:

☐ Check payable to AAfPE enclosed for total of \$ _____ Check # _____
☐ Credit Card – select one: ☐ American Express ☐ MasterCard ☐ VISA Please charge \$ _____
 Account # _____ 3/4 Digit CVV # _____ Expiration Date: ____/____/____
 Print Cardholder's Name: _____ Cardholder's Signature: _____
 Credit Card Billing Address (if different from above please note in bill to section):

FOR OFFICE USE ONLY: DATE: _____ CHECK/REF #: _____ AMOUNT: \$ _____