

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083619

Vendor Name: Council for Higher Education

Invoice Number: PO358804

Invoice Date: 07/02/18

PO Number: P0358804

Check Number: 0237902

Check Amount: \$ 3,700.00

Check Date: 08/15/2018

Department ID: 00781

Reviewer Name:

Voucher Number: V0518897

Redaction Type: None

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

Document Below

From: cernicke@cod.edu
Sent: Mon Jul 02 11:17:56 CDT 2018
To: invoicing@cod.edu
CC: fryetr@cod.edu
Subject: Check Enclosed Request PO 358804

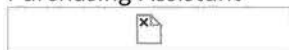
Hello Invoicing,

Please process the attached Check Enclosed request. Should you have any questions, please contact Tracey Frye cc'd on this email. Thank you and have a great day!

Check enclosed - please send payment, invoice, and PO to vendor.

Please note remittance address:
Council for Higher Education
P.O. Box 37085
Baltimore, MD 21297-3085

Beth Cernick
Purchasing Assistant



425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA
T: (630) 942.2813 | F: (630) 942.4201 | cernicke@cod.edu

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137



Check
Enclosed

PURCHASE ORDER

358804

Page: 1

Release Method: n/a

Release Date: n/a

Created Date: 07/02/2018

Accounts Payable, SRC2049 Check enclosed - please send payment, invoice, and PO to vendor.

Phone: 630-942-2228

Fax: 630-858-9078

Please note remittance address:

Council for Higher Education

P.O. Box 37085

Baltimore, MD 21297-3085

Vendor:

1083619

Council for Higher Education

Accreditation

P.o. Box 75387

Baltimore, MD 21275-5387

Attn: Customer Service

Phone: 123-123-1234

Fax:

Ship To:

College of DuPage Shipping & Receiving

425 Fawell Blvd.

Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2236

Fax: 630-942-2417

Deliver To: Tracey Frye, SRC 2135

PO Created By: Cernick, Beth

Purchase Order Comments:

AP VERIFIED
07/10/18 - MARIA ZERRUDO

Requisition Number(s): 667463

Requisitioner Name(s): Tracey Frye

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Annual Institutional Dues July 1, 2018 - June 30, 2019	\$3,700.00	\$3,700.00
Deliver To: Tracey Frye, SRC 2135						
Sub Total: \$						3,700.00
Total: \$						3,700.00

Account Code Summary		
Account Code	Account Description	Amount
01-80-00781-5406002		\$3,700.00

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpay@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049

Phone: 630-942-2228

Fax: 630-858-9078

payroll records for all workers and sub-contractors utilized for the project.

PURCHASE ORDER

358804

Page: 2

Release Method: n/a

Release Date: n/a

Created Date: 07/02/2018

Council for Higher Education Accreditation

Address: P. O. Box 37085
Baltimore, MD 21297-3085
Phone: 202-955-6126
Fax: 202-955-6129
Inquiries: membership@chea.org



April 12, 2018

BILL TO:

College of DuPage
Dr. Ann Rondeau
President
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599
USA

CHEA INVOICE #: NCA-0162-01-FY19

DUES AMOUNT: \$3700

FIRST INVOICE


President

ANNUAL INSTITUTIONAL MEMBERSHIP
July 1, 2018 to June 30, 2019

PAYMENT OPTIONS

CHECK: Please be sure to include the invoice number (above) on the check and remit to the address above.

ELECTRONIC PAYMENT: (The originator agrees to pay all fees.)

WIRING INSTRUCTIONS:

Bank name: BB&T
Bank Address: 1909 K St NW WDC 20006
ABA Routing #: 054001547
Acct Name: Council for Higher Education Accreditation (CHEA)
Acct Number: 0005163200998
SWIFT code: BRBTUS33
CHIPS participant #: 0160

ACH Instruction:

Bank Name: BB&T
Bank ACH routing #: 054001547
Acct Name: Council for Higher Education Accreditation (CHEA)
Acct Number: 0005163200998

CREDIT CARD: (We accept MasterCard, Visa, Discover, and American Express)

Online: Go to the CHEA home page (www.chea.org), select Membership Renewal and then log into your institution's account using the following ID: **Colle757** and password **757**.

Fax: Complete below and fax to 202-955-6129.

Payment Amount: \$ 3700⁰⁰

Credit Card Number: _____ Expiration Date: _____/_____/_____

Security Code: _____ (3-digit code on MasterCard, Visa and Discover; 4-digit code on American Express)

Cardholder's Name: _____

Billing Address: _____ Zip Code: _____

Cardholder's Signature: _____

Email for Receipt: _____

PURCHASE ORDER: Fax copy of purchase order to 202-955-6129.

CHEA FEDERAL I.D. NUMBER: 52-1994352

Membership fees for institutions are based upon core expenditures as defined in the Integrated Postsecondary Education Data System (IPEDS).

For billing questions, please call 202-955-6126 or email membership@chea.org.

CHEA ID: NCA-0162-01

CHEA Membership Fees

(Effective July 1, 2018)

Membership fees for institutions are based upon an institution's total expenses for the essential education activities of the institution or core expenses as defined in the Integrated Postsecondary Education Data System (IPEDS). Core expenses for public institutions reporting under GASB standards include expenses for instruction, research, public service, academic support, student services, institutional support, operation and maintenance of plant, depreciation, scholarships and fellowships, interest and other operating and nonoperating expenses. Core expenses for FASB (primarily private, not-for-profit and for-profit) institutions include expenses on instruction, research, public service, academic support, student services, institutional support, net grant aid to students, and other expenses.

ACTION REQUIRED: Please provide your institution's core expenditures and indicate the fiscal year for which you are reporting.

Core Expenditures: \$ 300,000,000 **Fiscal Year:** FY 2019

Institution Core Expenditures	Annual Fee
Under \$10,000,000	\$330
\$10,000,000 - \$40,000,000	\$660
\$40,000,000 - \$100,000,000	\$1,980
\$100,000,000- \$300,000,000	\$3,700
\$300,000,000 - \$500,000,000	\$4,630
Over \$500,000,000	\$6,600

Thank you for taking the time to report your institution's core expenditures and your membership in CHEA.

Please return this form to CHEA by one of the following methods:

1. Mail with your invoice to CHEA at P.O. Box 37085, Baltimore, MD 21297-3085
2. Fax to 202-955-6129
3. Scan and email to membership@chea.org

For questions regarding this form or any other billing questions, please call 202-955-6126, or email membership@chea.org.