

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1405858

Vendor Name: WeTRaIN

Invoice Number: 2019

Invoice Date: 08/07/18

PO Number:

Check Number: 0238207

Check Amount: \$ 75.00

Check Date: 08/15/2018

Department ID: 14625

Reviewer Name:

Voucher Number: V0522750

Redaction Type: None

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

Document Below

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:
Vendor ID:

8/7/2018
1405858

AP VERIFIED
08/08/18 - ROBERT MAREK

Invoice Number	Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
2019		05	50	14625	5406002	Dues	\$ 75.00

Grand Total \$ 75.00

Check the appropriate box below and sign

- ☒ 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.

Payee Name: WeTrain

Other Instructions: PLEASE CALL YVONNE BEDFORD X 4194 WHEN CHECK IS READY FOR PICK UP.

Payee Address: 130 W. Mason St., Springfield, IL
62702

Description on Check:

2019 Membership Debra Hasse

Approvals:

Prepared By: Yvonne Bedford

Approved By: Joseph Cassidy

Date: AUG 07 2018

Signature: Yvonne Bedford

Signature:

Payment Due: 8/17/2018

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

#1405858

130 W. Mason St.
Springfield, IL 62702

weTRaIN

The Illinois Community College
Training Resource and Information Network



Invoice # 2019

Invoice Date 8/7/18

2019 weTRaIN Membership Form

Please send completed form with a check payable,

to: weTRaIN

by Sept. 1, 2018

(we can't accept credit cards at this time)

Pat Kallaus, weTRaIN Membership Chair
c/o McHenry County College Shah Center
4100 W. Shamrock Lane, McHenry, IL 60050

05-50-14625-5406002

APPROVED

Questions? 815-479-7536 pkallaus@mchenry.edu

COLLEGE/INSTITUTION:

Select one of the following options:

- ☒ One weTRaIN membership - \$75
☐ Two weTRaIN memberships - \$140
☐ Three or more memberships - \$195

AUG 07 2018

INSTITUTIONAL REPRESENTATIVE:

First Debbie

Last Hasse

Title Senior Manager

Address 425 Fawell Blvd.

City Glen Ellyn

State IL

Zip 60137

Phone 630-942-2679 ext.

E-Mail hassed@cod.edu

☐ New Member ☒ Renewing Member

Complete the address information *if different* from the Institutional Representative

Name
Title
Phone Ext
E-Mail

Address same as representative

Address
City
State Zip
☐ New Member ☐ Renewing

Name
Title
Phone Ext
E-Mail

Address same as representative

Address
City
State Zip
☐ New Member ☐ Renewing

Name
Title
Phone Ext
E-Mail

Address same as representative

Address
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State Zip
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Address same as representative

Address
City
State Zip
☐ New Member ☐ Renewing

1405858

P

08/15/2018

0238207

2019 V0522750 DEBRA HASSE, 2019 MEMBER 0550146255406002 75.00

Y Bedford

75.00

0238207

PAY ONLY SEVENTY FIVE AND 00/100 DOLLARS

08/15/2018

\$*****75.00

WeTRaIN
130 W Mason St
Springfield IL 62702