

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086165

Vendor Name: ICISP

Invoice Number: ICISP AUG16A/B

Invoice Date: 08/16/18

PO Number:

Check Number: E0068878

Check Amount: \$ 9,900.00

Check Date: 08/22/2018

Department ID: 00661

Reviewer Name:

Voucher Number: V0523625

Redaction Type: FERPA

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: 8/16/2018
Vendor ID: 1086165

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descip.	Amount
ICISP Aug 16a		05	60	00661	5503003	International Travel	\$ 500.00
ICISP Aug 16b		05	60	00661	5503003	International Travel	\$ 9,400.00

AP VERIFIED

Grand Total

\$ 9,900.00

08/21/18 - BETHANY CRUSE
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: ICISP
Heartland Community College, 1500
West Raab Road, Normal IL 61761-
Payee Address: 9446

Other
Instructions:

Description on Check:

Study Abroad tuition/fee for 2018FA, Seville)

Approvals:

Prepared By: Sue Kerby
Signature: Sue Kerby
Payment Due: Next ACH
Board Approved Date: _____

Approved By: Maren McKellin Date: 8/16/18
Signature: Maren McKellin
Approved By: _____ Date: _____
Signature: [Signature] Date: 8/17/18
Approved By Division VP: _____
Signature: _____

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



ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: AUGUST 16, 2018

ICISP, c/o Karen Huber
Heartland Community College
1500 West Raab Road
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981
E-mail: karen.huber@heartland.edu

TO College of DuPage
Attention: Sue Kerby
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

OK to Pay
X/Maxim 8/16/18
X/Kerby

DUE DATE
August 31, 2018

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Final payment for [REDACTED] Seville fall 2018 SA program	\$9,400	\$9,400
SUBTOTAL			\$9,400
CREDIT			
TOTAL DUE			\$9,400

Make all checks payable to ICISP-Heartland Community College
THANK YOU FOR YOUR BUSINESS!



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Heartland Community College
1500 West Raab Road
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981
E-mail: karen.huber@heartland.edu

TO College of DuPage
Attention: Sue Kerby
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

OK to Pay
Kyram Mykeli

DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Deposit for [REDACTED] Seville fall 2018 SA program	\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to ICISP-Heartland Community College
THANK YOU FOR YOUR BUSINESS!