

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1399546

Vendor Name: ICCCSSO

Invoice Number: ICCCSSO CONF 2018

Invoice Date: 10/08/18

PO Number:

Check Number: 0241244

Check Amount: \$ 50.00

Check Date: 10/15/2018

Department ID:

Reviewer Name:

Voucher Number: V0534199

Redaction Type: None

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

Document Below

1399546

10/15/2018

0241244

ICCCSSO CO  
ICCCSSO CO

V0534199  
V0534199

CONF-MARK CURTIS-CHAVEZ  
CONF-NATHANIA MONTES

0180007895501001  
0180007895501001

25.00  
25.00

50.00

0241244

PAY ONLY FIFTY AND 00/100 DOLLARS

10/15/2018

\$\*\*\*\*\*50.00

ICCCSSO  
C/O Lewis & Clark College  
5800 Godfrey Rd  
Godfrey IL 62035

## College of DuPage - Accounts Payable

## Check Request Form

revised 12/18/17

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: 10/8/2018  
Vendor ID: 1399546

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	80	00789	5501001	Conference/Meeting Exp- Local	\$ 50.00
Grand Total							\$ 50.00

## 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: ICCCSSO  
Kishwaukee College, ATTN: Michelle  
Rothmeyer, 21193 Malta Road,  
Payee Address: Malta, IL 60150

Other  
Instructions: Send check with registration form.

## Description on Check:

ICCCSSO 2018 Fall Meeting Registration - Mark Curtis-Chavez & Nathania Montes

## Approvals:

Prepared By: Barbara Groves  
Signature: [Signature]  
Payment Due: 10/17/2018  
Board Approved Date: \_\_\_\_\_

Approved By: Kirk Overstreet Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Approved By: [Signature] 10/9/18  
Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

Voucher 534199

(TM)

**ICCCSSO**  
**Illinois Community College Chief Student Services Officers**  
**2018 Fall Meeting**

Wednesday, November 14 at Noon – 4:30 p.m.  
Thursday, November 15 at 9 a.m.  
Joint Meeting with CAO's to follow Noon – 2:00 p.m.

Embassy Suites  
100 Conference Center Drive  
East Peoria, IL 61611  
Room: Fon du Lac B

**REGISTRATION FORM**

**Institution:** College of DuPage

**Attendees**

Name	First Time Attendee? YES/NO	Special Dietary Needs (Please specify)
Mark Curtis-Chávez	Yes	
Nathania Montes	Yes	

Meeting Registration Fee: **\$25/per person (includes lunches).**  
Registration Fees should be made payable by check only to: **ICCCSSO**  
Return completed registrations and payment to:

Kishwaukee College  
ATTN: **Michelle Rothmeyer**  
21193 Malta Road  
Malta, IL 60150

**Registration Deadline: October 29, 2018**

**Hotel Information**

Embassy Suites, East Peoria, IL 61611  
ICCCA Room rate is \$119/night  
Hotel Reservations can be made through the ICCCA registration webpage: <http://www.iccca.org/>

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Voucher 534199



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