

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086142

Vendor Name: ICCET

Invoice Number: 102618

Invoice Date: 10/26/18

PO Number:

Check Number: 0244539

Check Amount: \$ 100.00

Check Date: 11/14/2018

Department ID: 14625

Reviewer Name:

Voucher Number: V0541058

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: 10/26/2018
Vendor ID: 1086142

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
102618		05	50	14625	5406002	Dues	\$ 100.00
Grand Total							\$ 100.00

AP VERIFIED

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.

11/02/18 - BETHANY CRUSE

☐ 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: ICCET c/o Black Hawk College

Other Instructions: Please call Yvonne Bedford X4194 when check is ready for pick up.

Payee Address: 301 Avenue of the Cities, East Moline,
IL 61244

Description on Check:

Membership 2018-19

Approvals:

Prepared By: Yvonne Bedford
Signature: Yvonne Bedford
Payment Due: 11/16/2018
Board Approved Date:

Approved By: Dan Deary Date: 10/26/18
Signature: [Signature]
Approved By: [Signature] Date:
Signature: [Signature]
Approved By Division VP: [Signature] Date:
Signature: [Signature]

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

01.12.07

0.034



ICCET Membership Form 2018 - 2019

Please send completed form with a check made payable to ICCET to:

Barb Courville, ICCET Treasurer

Black Hawk College

301 Avenue of the Cities, East Moline IL 61244

INSTITUTION: College of DuPage

Select one of the following options:

☐ ICCET Individual Membership @ \$30 per person

☒ ICCET Institutional Membership @ \$100 (Up to 6 members. \$25 per additional member.)

Joint Membership ICCET/NCCET is not offered at this time.

INSTITUTIONAL REPRESENTATIVE

Name Julie Konczyk

Title Manager Youth Academy + Adult Enrichment

Address 425 Fawell Blvd.

City Glen Ellyn

State/Zip IL 60137

Phone 630-942-2207 ext.

E-Mail Konczykj@cod.edu

☐ New Member ☒ Renewing Member

ICCET Listserv ☒ YES ☐ NO

Programming Focus (check all that apply)

☒ Personal Enrichment ☒ Youth Programs ☐ Workforce/Professional Development

Membership Renewal Deadline:

September 1, 2018

APPROVED

OCT 30 2018

ADDITIONAL MEMBERS

Name Miranda Jimenez

Title Coordinator, Continuing Education

Address 425 Fawell Blvd.

City Glen Ellyn

State/Zip IL 60137

Phone 630-942-2173 ext.

E-Mail jimenezm319@cod.edu

☐ New Member ☒ Renewing Member

ICCET Listserv ☒ YES ☐ NO

Programming Focus (check all that apply)

☒ Personal Enrichment ☒ Youth Programs

☐ Workforce/Professional Development

Name Jenna Greenfield

Title Coordinator, Continuing Education

Address 425 Fawell Blvd.

City Glen Ellyn

State/Zip IL 60137

Phone 630-942-3076 ext.

E-Mail pollyj@cod.edu

☐ New Member ☒ Renewing Member

ICCET Listserv ☒ YES ☐ NO

Programming Focus (check all that apply)

☒ Personal Enrichment ☒ Youth Programs

☐ Workforce/Professional Development

ADDITIONAL MEMBERS

Name Danielle Kuglin-Seago
 Title Program Manager, Business Solutions
 Address 425 Fawell Blvd
 City Glen Ellyn
 State/Zip IL 60137
 Phone 630-942-2412 ext.
 E-Mail kuglinseago@cod.edu

☐ New Member ☒ Renewing Member
 ICCET Listserv ☒ YES ☐ NO
 Programming Focus (check all that apply)
☐ Personal Enrichment ☐ Youth Programs
☒ Workforce/Professional Development

Name Melissa Fanella
 Title Program Development Manager
 Address 425 Fawell Blvd
 City Glen Ellyn
 State/Zip IL 60137
 Phone 630-942-2067 ext.
 E-Mail fanella2m@cod.edu

☐ New Member ☒ Renewing Member
 ICCET Listserv ☐ YES ☐ NO
 Programming Focus (check all that apply)
☐ Personal Enrichment ☐ Youth Programs
☒ Workforce/Professional Development

Name Jennifer Lange
 Title Coordinator, Continuing Education
 Address 425 Fawell Blvd
 City Glen Ellyn
 State/Zip IL 60137
 Phone 630-942-4957 ext.
 E-Mail langej89@cod.edu

☒ New Member ☐ Renewing Member
 ICCET Listserv ☒ YES ☐ NO
 Programming Focus (check all that apply)
☒ Personal Enrichment ☐ Youth Programs
☐ Workforce/Professional Development

Name
 Title
 Address
 City
 State/Zip
 Phone ext.
 E-Mail

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☐ Workforce/Professional Development



**Institute for
Leadership**
Excellence & Development, Inc.

765 Pheasant Ridge Court, Suite 101
Lake Zurich, IL 60047
Toll-free (866) 884-5323

Invoice

Date	Invoice #	Terms
10/12/2018	6052	Net 30

College of DuPage
COD Business Solutions
425 Fawell Blvd.
Glen Ellyn, IL 60137

Please make checks payable to "Institute for
Leadership Excellence & Development Inc."
or "I-LEAD". Federal Tax ID: 20-0982065

Bo # 359568

All amounts in US Dollars

Description	Qty	Rate	Amount
Facilitation of Advanced Project Management on 10/5/18 and 10/12/18		3,000.00	3,000.00
Add'l fee (\$100/ > 10 students)	17	100.00	1,700.00
Charge to # 05-63-63002-5308001			
Course # BSPMP-0510-001			
It's a pleasure to collaborate with you on this program!		Total	\$4,700.00

APPROVED

OCT 30 2018

07.12.07

0.334

1086142

11/14/2018

0244539

102618

V0541058

MEMBERSHIP 2018-19

0550146255406002

100.00



J Bedford

100.00

0244539

PAY ONLY ONE HUNDRED AND 00/100 DOLLARS

11/14/2018

\$*****100.00

ICCET
301 Ave of the Cities
East Moline IL 61244