

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086165

Vendor Name: ICISP

Invoice Number: 05/01/2020

Invoice Date: 05/04/20

PO Number:

Check Number: E0080064

Check Amount: \$ 750.00

Check Date: 05/12/2020

Department ID: 00389

Reviewer Name:

Voucher Number: V0622264

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable

Check Request Form

revised 4/14/2020

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 - Non-Purchase Order Procedure No. 10-65**

Date: 5/4/2020
Vendor ID: 1086165

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
May 1, 2020	01	10	00389	5406002	Dues	\$ 750.00
Grand Total						\$ 750.00

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: ICISP - Heartland Community College

Payee Address: 1500 West Raab Rd, Normal IL 61761-9446

Other
Instructions:

Attn: Karen Huber

Description on Check:

ICISP Dues 2020-2021

Approvals:

Prepared By: Sue Kerby

Signature:

Payment Due: 6/1/2020

Board Approved Date:

Approved By: Maren McKellin

Date: 5/5/20

Signature: Maren McKellin

5/5/20

Approved By: Date:

Signature:

Approved By Division VP: Date:

Signature:

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

From: cruseb199@cod.edu
Sent: Tue May 05 14:43:56 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: ICISP Check Request

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Tuesday, May 5, 2020 2:20 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: Zerrudo, Maria <zerrudom@cod.edu>
Subject: FW: ICISP Check Request

You were not included in email

From: McKellin, Maren K. <mckellin@cod.edu>
Sent: Tuesday, May 5, 2020 2:17 PM
To: Zerrudo, Maria <zerrudom@cod.edu>; Cruz, Anabel <cruza251@cod.edu>; Barrios, Isabel <barriosi142@cod.edu>
Cc: Kerby, Susan <kerbys@cod.edu>
Subject: ICISP Check Request

Hi. Please pay the attached.

Thanks,
Maren

Maren McKellin, M.A.
Manager, Field and Experiential Learning/Study Abroad/Global Education
College of DuPage
425 Fawell Blvd. | Glen Ellyn, IL 60137
phone: (630) 942-3762
web: cod.edu/field
Maximizer | Positivity | Adaptability | Empathy | Arranger



Save a tree. Please consider the environment before printing this email.



INVOICE

DATE: MAY 1, 2020

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

DUE DATE

July 1, 2020

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	ICISP Dues 2020-2021	\$750	\$750
	OK to pay. <i>Maren McKellin</i>		
SUBTOTAL			\$750
CREDIT			
TOTAL DUE			\$750

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

College of DuPage - Accounts Payable

Check Request Form

Notes:

Processing a Check Request

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.