

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1590311
Vendor Name: IACRAO - IL Assoc of Collegiat
Invoice Number: 439
Invoice Date: 07/22/20
PO Number:
Check Number: 0272471
Check Amount: \$ 595.00
Check Date: 09/15/2020
Department ID: 00456
Reviewer Name:
Voucher Number: V0640362
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: doguimm@cod.edu
Sent: Fri Aug 21 13:31:26 CDT 2020
To: invoicing@cod.edu, cruseb199@cod.edu
CC: thompsnk@cod.edu
Subject: CHECK REQUEST FORM- IACRAO Membership Payment

Hello,

We had some confusion about who was sending this to Invoicing and it never went out to you (until now). Can you process this payment as soon as possible?

Thank you, please do confirm. I'm CC'ing Bethany in case you know who in the AP handles this part of the alphabet. Please let me know.

Thank you,

Melissa Doguim
Administrative Assistant V to Dr. Diana Del Rosario,
Assistant Provost, Student Affairs
630-942-3687
PLEASE NOTE: college staff are working remotely.



For students seeking help, resources can be found at: <https://cod.edu/coronavirus/student-resources.aspx>

For information on how the College is responding to the Outbreak of COVID 19, please refer to our website:

<https://cod.edu/coronavirus/index.aspx>

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: 7/22/2020
Vendor ID: 1590311

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
439	01	30	00456	5406002	Dues	\$ 595.00

Grand Total \$ 595.00

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 approval indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

08/24/20 - BETHANY CRUSE

Payee Name: Illinois Association of Collegiate Registrars and Admissions Officers
Payee Address: South Suburban College
15800 S. State Street
South Holland, IL 60473

Other Instructions:

Attn: Tenial Whitted

Description on Check:

Membership Renewal for College of DuPage - Active Group June 29, 2020 - June 30, 2021

Approvals:

Prepared By: Melissa Doguim
Signature: Melissa Doguim
Payment Due:
Board Approved Date:

Approved By: Katherine Norris Date:

Signature: Katherine Norris Date: 2020.07.29 15:23:37 -05'00'

Approved By: Diana Del Rosario Date:

Signature: Diana Del Rosario Date: 2020.07.30 00:02:18 -05'00'

Approved By Division VP: Date:

Signature:

REVIEWED

By Melissa Doguim at 3:53 pm, Jul 29, 2020

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

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.

Illinois Association of Collegiate Registrars and
Admissions Officers
Waubensee Community College
Route 47 at Waubensee Drive
Sugar Grove, IL 60554
630-466-6678

INVOICE 439



College of DuPage
425 Fawell Blvd
Glen Ellyn, Illinois 60137
United States

Invoice # 439
Invoice Date 06/18/2020
Invoice Due 08/29/2020

Amount Due	\$ 595.00
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Transactions

Description	Amount
Membership Renewal - Active Group (through Jun 30, 2021) - 1 year - \$595.00	\$ 595.00

Total Amount	\$ 595.00
Amount Paid	-\$ 0.00
Amount Due	\$ 595.00