

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086046

Vendor Name: IAODAPCA, Inc.

Invoice Number: 15715

Invoice Date: 07/27/21

PO Number:

Check Number: 0283837

Check Amount: \$ 72.50

Check Date: 08/17/2021

Department ID: 00197

Reviewer Name:

Voucher Number: V0692854

Redaction Type: None

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

Document Below

From: Accounts Payable <acctpay@cod.edu>
Sent: Wed Jul 28 14:47:26 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: ICB-College of DuPage CEU's Provider for Mental Heath Well Being

-----Original Message-----

From: Cruz, Anabel
Sent: Wednesday, July 28, 2021 9:55 AM
To: Accounts Payable
Subject: ICB-College of DuPage CEU's Provider for Mental Heath Well Being

Good Day,

Please process. If there are any questions, feel free to contact me.

Regards,
Anabel Cruz

[attachment: ICB-College of DuPage 15715 Check Request.pdf]
[attachment: ICB-College of DuPage 15715.pdf]

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

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: 7/27/2021
Vendor ID: 1086046

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
15715	01	10	00197	5406002	Dues	\$ 72.50

Grand Total \$ 72.50

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.

☐ 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: IAODAPCA, INC

Other Instructions: Check Enclosed with Invoice 15715

Payee Address: 401 E. Sangamon Avenue;
Springfield, IL 62702

Description on Check:

ICB has received and reviewed the application for the above named continuing education program. Based upon an evaluation of the materials presented in the application, and in accordance with ICB criteria, continuing education units (CEUs) have been awarded as follows:

PROGRAM NUMBER: 15715

Category: Counselor I or II, Preventionist I or II, CARS I or II, CODP I or II, PCGC II, CCJP II, CAAP I or II, CRSS I or II, CVSS II, CPRS I or II, MAATP I or I, CFPP II, NCRS II

Approvals:

Prepared By: Anabel Cruz

Approved By: Dean Mark Rudisill Date:

Signature: Anabel Cruz
Digitally signed by Anabel Cruz
Date: 2021.07.27 14:41:12 -05'00'

Signature: Rudisill, Mark
Digitally signed by Rudisill, Mark
Date: 2021.07.27 16:06:43 -05'00'

Payment Due:

Approved By: Date:

Board Approved Date:

Signature: Date:

Approved By Division VP: Date:

Signature:

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 Certification Board, Inc.

d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Marcia Van Natta, CADAC, President, Board of Directors, Jessica Hayes, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

July 27, 2021

Approve to Pay by HSBSSL DEAN Rudisill, Mark

Digitally signed by
Rudisill, Mark
Date: 2021.07.27
16:04:27 -05'00'

ATTN: Jason Florin
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

GL # 01-10-00197-5406002

*** Check Enclose with this invoice**

PROGRAM NAME: Mental Health Provider Well-Being

6/24/2021

ICB has received and reviewed the application for the above named continuing education program. Based upon an evaluation of the materials presented in the application, and in accordance with ICB criteria, continuing education units (CEUs) have been awarded as follows:

PROGRAM NUMBER: 15715

Category: Counselor I or II, Preventionist I or II, CARS I or II, CODP I or II, PCGC II, CCJP II, CAAP I or II, CRSS I or II, CVSS II, CPRS I or II, MAATP I or I, CFPP II, NCRS II

Continuing Education Units: 2.5

Beginning Date: 6/24/2021

Expiration Date: 6/24/2023

This program number is valid for two years and may be repeated any number of times within this two-year period by submitting a letter of intent to repeat, including any changes, the date of presentation, and the CEU fee of \$5.00 per unit.

Please include the following information on the PREPRINTED certificates:

- Name of Participant
- Name and Date of Program
- ICB Program Number
- Assigned Categories
- Number of CEUs Awarded

Please note, you are responsible for maintaining the sign in sheets and evaluations of this program for 2 years from the date of your training. You are no longer required to submit this follow up paperwork to ICB. Please note, ICB may contact you for verification of attendance of participants and other training matters.

Thank you for your participation in providing continuing education units to ICB credentialed professionals.

Sincerely,

Madison Chandler
Operations

To Protect the Public by providing competency based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG EMAIL: INFO@IAODAPCA.ORG





Illinois Certification Board, Inc.

d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Marcia Van Natta, CADAC, President, Board of Directors, Jessica Hayes, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

CONTINUING EDUCATION PROGRAM/INVOICE # 15715

DATE: July 27, 2021

TO: Jason Florin
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

PROGRAM NAME: Mental Health Provider Well-Being #15715

CEUs: 2.5 @ \$5.00 per unit

APPLICATION FEE:	\$60.00 (Expedite fee included)
FEE FOR CEUS:	\$12.50
SUB-TOTAL:	\$72.50
PAYMENT RECEIVED:	\$0.00
TOTAL AMOUNT DUE:	\$72.50

PAYMENT DUE DATE: 7/17/2021

Please Make Check or Money Order Payable To: ICB, INC.

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____
(VISA or MasterCard only)

(Please include the three-digit number listed near the signature line on the back of the credit card) _____

Name on Card: _____ Telephone Number: (____) _____ - _____

Billing Address of Credit Card: _____

City: _____ State: _____ Zip Code: _____

PLEASE INCLUDE A COPY OF THIS INVOICE WITH YOUR PAYMENT. THANK YOU!

To Protect the Public by providing competency based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG EMAIL: INFO@IAODAPCA.ORG

