

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086142

Vendor Name: ICCET

Invoice Number: 912020

Invoice Date: 06/02/21

PO Number:

Check Number: 0283838

Check Amount: \$ 125.00

Check Date: 08/17/2021

Department ID: 14625

Reviewer Name:

Voucher Number: V0692464

Redaction Type: Other

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

Document Below

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Mon Jul 26 12:18:10 CDT 2021
To: invoicing@cod.edu
CC: mclaughl@cod.edu
Subject: Check Request: ICCET

Hello

Please see attached Check Request and membership renewal form for ICCET.

Regards,

Yvonne Bedford

Yvonne Bedford
College of DuPage
Continuing Education
(630) 942-4194

[attachment: ICCET \$125 Signed.pdf]

[attachment: ICCET Membership and Renewal Form 2021-2022.docx]

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: 6/2/2021
Vendor ID: 1086142

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
912020	05	50	14625	5406002	Dues	\$125.00

Grand Total \$ 125.00

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: ICCET/Barb Courville, Treasurer
Black Hawk College/Pace Dept, 301
Ave of the Cities, East Moline, IL
Payee Address: 61244

Other
Instructions: _____

Description on Check:

Membership Renewal (Additional Members)

Approvals:

Prepared By: Yvonne Bedford

Approved By: Daniel Deasy

Date: 7/2/21

Signature: _____

Signature: _____

Payment Due: _____

Approved By: _____

Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division VP: _____

Date: _____

Signature: _____

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



ICCET Membership Form 2020 - 2021

Please send completed form along with a check

made payable to ICCET to:

Barb Courville, ICCET Treasurer

Black Hawk College-PaCE Department

301 Avenue of the Cities, East Moline IL 61244

Membership Deadline: September 1, 2020

INSTITUTION: Additional Members for College of DuPage

Select one of the following options:

 ICCET Individual Membership @ \$30 per person

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

*6 COD members already paid for @ \$100, below are 5 additional members @ \$25 each for a total of \$125

INSTITUTIONAL REPRESENTATIVE

Name/Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Extension: _____

Email: _____

£ New ICCET Member

£ Renewing ICCET Member

ADDITIONAL MEMBERS

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.