

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086454

Vendor Name: Institute of Int'l Education

Invoice Number: 37364

Invoice Date: 08/02/21

PO Number:

Check Number: 0283844

Check Amount: \$ 375.00

Check Date: 08/17/2021

Department ID: 00381

Reviewer Name:

Voucher Number: V0693325

Redaction Type: None

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

Document Below

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: 8/2/2021  
Vendor ID: 1086454

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
37364	01	10	00381	5406002	Dues	\$ 375.00

Grand Total \$ 375.00

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.

**AP VERIFIED**  
**08/03/21 - BETHANY CRUSE**

Payee Name: IIE Mmembersh Services

Other  
Instructions:

Payee Address: 16 Avenue A, Leetsdale, PA 15056-1304

Description on Check:

AY 21-22 membership dues.

Approvals:

Prepared By: Sue Kerby  
Signature: Susan Kerby  
Payment Due: asap  
Board Approved Date:

Approved By: Maren McKellin  
Signature: Maren McKellin  
Date: 8/2/21  
Approved By: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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



The Power  
of International  
Education

August 02, 2021

## MEMBERSHIP INVOICE

Institutional Membership ID Number: 358

**Invoice Number: 37346**

Organization: College of DuPage  
Designee Name: Susan Kerby  
Designee E-mail: kerbys@cod.edu  
Address 1: 425 Fawell Blvd  
Address 2:  
City: Glen Ellyn  
State/Province: IL  
Postal Code: 60137

Payment Method: CHECK OR MONEY ORDER  
Payment Status: ACTIVE

* Membership Dues Paid Through ( <i>Pending Payment</i> ):	September 30, 2022
Basic Membership Dues:	\$375.00
Additional 610 - All Publications Designee	\$0.00
Miscellaneous Charges	\$0.00

Amount Paid:	\$0.00
Amount Due:	\$375.00

**\* Pending payment of check or money order**

To pay by check or money order, please print a copy of this invoice and enclose with your payment.

*Make check payable to **Institute of International Education** and mail to:*

**IIE Membership Services**  
**16 Avenue A**  
**Leetsdale, PA 15056-1304 USA**

*The Institute of International Education's U.S. Tax ID number is 13-1624046*

OK to pay 8/2/21

**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.

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From: Accounts Payable <acctpay@cod.edu>  
Sent: Mon Aug 02 12:29:26 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check Request - IIE  
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**From:** McKellin, Maren K. <mckellin@cod.edu>  
**Sent:** Monday, August 2, 2021 11:34 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Cc:** Kerby, Susan <kerbys@cod.edu>  
**Subject:** Check Request - IIE

Hello. 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](http://cod.edu/field)  
Maximizer | Arranger | Adaptability | Empathy | Positivity



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

[attachment: IIEMembership Invoice AY22.pdf]

[attachment: IIE AY22 Membership check request.pdf]