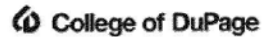


Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086101
Vendor Name: ICCAROO
Invoice Number: 2021-2022 MEMB
Invoice Date: 9/10/2021
PO Number:
Check Number: E0086319
Check Amount: \$ 40.00
Check Date: 09/22/2021
Voucher Number: V0700392
Document Type: AP Invoice

Document Below



Accounts Payable Office

Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 09/10/21 Vendor ID: 1086101 Vendor Name: ICCARTO
 Payee Address: Jamie Duggan, College of DuPage, 425 Fawell Blvd, Glen Ellyn, IL 60135 Payment Due Date: 10/15/21

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
n/a	01-30-00457-5406002	Dues	40.00
Total \$			40.00

Check the appropriate box below:

- ☒ 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.

Description on Check:

College of DuPage 21/22 Membership Dues

Other Instructions:

All requests will require the following approvals:

Requester: Jill Pierson Digitally signed by Jill Pierson Date: 2021.09.10 12:33:51 -0500 Print Name: Jill Pierson
 Budget Officer: Jill Pierson Digitally signed by Jill Pierson Date: 2021.09.10 12:34:04 -0500 Print Name: Jill Pierson

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), src2132a@cod.edu

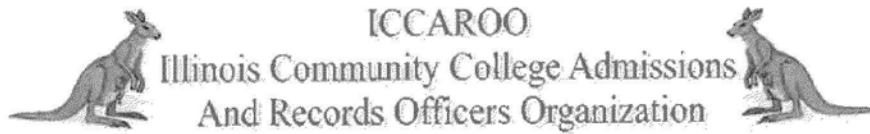
Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



2021-2022 Application for Membership
\$40.00 fee due by October 15, 2021

Institution	College of DuPage
Street	425 Fawell Blvd
City, State, Zip Code	Glen Ellyn, IL 60137
Primary Contact Name	Jill Pierson
Title	Registrar
Email Address	Pierson129@cod.edu
Student Info System (Colleague, Banner, PeopleSoft, etc.)	Colleague

Institutions are allowed an unlimited number of members. ALL members will be automatically signed-up for the ICCARIOO listserv.

Name	Title	Email Address
Jill Pierson	Registrar	Pierson129@cod.edu
Gretchen Taylor	Coordinator, Records Services	Taylorg187@cod.edu
Jamie Duggan	Credentials Specialist	jeskja@cod.edu
Lori Ebbole	Grading Support Specialist	ebbolel@cod.edu
Susan Parra	Transcript and Verification Specialist	Parra895@cod.edu
Diana Alferez	Degree Audit Specialist	alferezd@cod.edu
Julie Clemment	Interim, Academic Athletic Eligibility Coordinator	clemmentj@cod.edu

Retired Members are encouraged to continue participating in ICCARIOO and are given one year of free membership. Retiree Membership \$5.00/year

Make Checks Payable to: ICCARIOO

Mail to: Jamie Duggan
 Office of Student Records
 College of DuPage
 425 Fawell Blvd.
 Glen Ellyn, IL 60137



[illegible]

"Pierson, Jill" <piersonj129@cod.edu>

Check Request for Membership Dues

"Pierson, Jill" <piersonj129@cod.edu>

Fri, Sep 10, 2021 at 05:16 PM GMT

CC:

BCC:

Hello,

Please see the attached form and advise if additional information is needed. There is no official "invoice" but rather a membership form that needs to be submitted with a check.

Thank you,

Jill Pierson (she/her/hers)

Registrar | Office of Student Records

College of DuPage | 425 Fawell Blvd, SRC 2150G, Glen Ellyn, IL 60137
Phone: 630-942-2620

Email: piersonj129@cod.edu

1 attachment

Check Request Form ICCAROO 2122.pdf

"Cruse, Bethany" <cruseb199@cod.edu>

Attached Image

"Cruse, Bethany" <cruseb199@cod.edu>

Mon, Sep 13, 2021 at 04:56 PM GMT

CC:

BCC:

1 attachment

1668_001.pdf