

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083564

Vendor Name: Council for Standards in Human Service

Invoice Number: 22-23M020

Invoice Date: 4/13/2022

PO Number:

Check Number: 0300112

Check Amount: \$ 550.00

Check Date: 06/27/2022

Voucher Number: V0742921

Document Type: AP Invoice

Document Below

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: 4/13/22 Vendor ID: 1083974 Vendor Name: COUNCIL FOR STANDARDS IN HUMAN SERVICE EDUCATION
 Payee Address: 3337 Duke Street Alexandria, VA 22314 Payment Due Date: by July 15, 2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
22-23M020	01-10-00197-5501002	Human Services: On Campus Conf & Mtgs	550.00
Total			\$ 550.00

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:

Renewal of publications/newsletters OKAY TO PAY

Other Instructions:

All requests will require the following approvals:

Requester: Anbael Cruz Digitally signed by Anbael Cruz Date: 2022.04.13 11:22:14 -05'00' Print Name: Anabel Cruz
 Budget Officer: Rudisill, Mark Digitally signed by Rudisill, Mark Date: 2022.04.13 11:30:14 -05'00' Print Name: Mark Rudisill

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), invoicing@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.



COUNCIL FOR STANDARDS IN HUMAN
SERVICE EDUCATION

c/o ASCENT Management
3337 Duke Street
Alexandria, VA 22314

Invoice

Date	Invoice #
4/1/2022	22-23M020

Bill To
COLLEGE OF DUPAGE MARIANNE HUNICUTT, ASSOC DEAN HUMAN SERVICES PROGRAM 425 FAWELL BLVD. - BIC 2616 GLEN ELLYN, IL 60137-6599

		Due Date	7/15/2022
Description		Amount	
Annual membership dues including publications (newsletter and one free copy of any new monographs published within the year) and services of the Council for Standards in Human Service Education for the year: July 2022 to June 2023		550.00	
Payment due by July 15, 2022. Please return one copy of the invoice with your remittance.			
Federal ID#36-3706899, an Illinois non-profit corporation.			
Terms: If payment is not received by September 15, a late charge of \$25.00 will be added. If payment is not received by October 31, a reinstatement fee of \$75 also will be charged. And, if payment in full is not received by December 31, accredited programs will lose their accreditation, as well as their membership and be required to reapply.			
If you have questions on this invoice, please contact Account Manager, 571-257-3959 or e-mail: info@cshse.org			
Payable to CSHSE:to c/o ASCENT Management, above address or for credit card, visit www.cshse.org/pay		Total	\$550.00
		Payments/Credits	
		Balance Due	\$550.00