

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1593173

Vendor Name: IASA DuPage County Region,DBA IL Assoc

Invoice Number: 22-23 membership

Invoice Date: 8/20/2022

PO Number:

Check Number: 0302176

Check Amount: \$ 150.00

Check Date: 09/07/2022

Voucher Number: V0750340

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: 8/20/2022 Vendor ID: 1593173 Vendor Name: ICCTA
 Payee Address: 1593173 Payment Due Date: 08/30/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
	01-80-00781-5406002	Dues	150.00
Total			\$ 150.00

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:

FY23 Membership Dues

Other Instructions:

Note new address: c/o Jean Barbanente, Two Friendship Plaza, Addison, IL 60101

All requests will require the following approvals:

Requester: Tracey Frye Print Name: Tracey Frye
 Budget Officer: Brian W. Caputo Print Name: Brian W. Caputo

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: _____

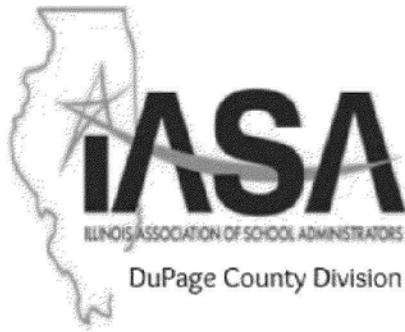
Next Level Supervisor (if applicable): _____ Print Name: _____

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.



IASA DUPAGE DIVISION

2022-2023 Membership Renewal/Registration Form

Active IASA members:

- Membership Dues (new members) \$150.00

Checks payable to: DuPage IASA

Please note: these dues are for the DuPage Division and separate from IASA dues.

Dr. Brian W. Caputo	caputob@cod.edu
member name	email address
College of DuPage	
school district or organization	
425 Fawell Blvd., Glen Ellyn, IL 60137	
street address	city, state, zip
630-942-2200	630-675-0624
office phone #	cell phone#
Tracey Frye	fryetr@cod.edu
Administrative Assistant's name	email address

Please return this membership form by August 30th, along with payment to:

IASA DuPage Division
c/o Jean Barbanente
Two Friendship Plaza
Addison, IL 60101

"Frye, Tracey" <fryetr@cod.edu>

CHECK REQUEST: DuPage IASA Membership Dues

"Frye, Tracey" <fryetr@cod.edu>

Mon, Aug 22, 2022 at 05:44 PM GMT

CC:

BCC:

Please find the attached check request for Dr. Caputo's DuPage IASA Membership Dues which were approved at the August 18 Board of Trustees Meeting (Item 8i).

Please contact me should you have any questions.

Tracey Frye

Executive Assistant to the President

College of DuPage

425 Fawell Blvd. | SRC 2135 | Glen Ellyn, IL 60137-6599

phone 630.942.2201 | fax 630.942.2869 | fryetr@cod.edu

CONFIDENTIALITY NOTICE: This electronic transmission and any documents accompanying this electronic transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it

to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic transmission in error, please delete it immediately, and notify the sender of the error so it can be corrected.

2 attachments

image001.png

2022-2023 IASA DuPage Check Request Form with Invoice 08.19.22 - with BWC sign.pdf

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All requests will require the following approvals:

Requester: Tracey Frye Digitally signed by Tracey Frye
Date: 2022.08.23 21:03:20 -0500 Print Name: Tracey Frye
 Budget Officer: Brian W. Caputo Digitally signed by Brian W. Caputo
Date: 2022.08.23 22:33:49 -0500 Print Name: Brian W. Caputo

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

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

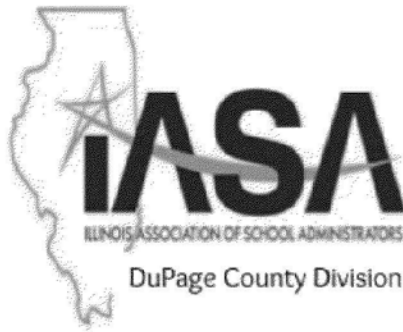
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