

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086165

Vendor Name: ICISP

Invoice Number: IZABELLA CABADAS

Invoice Date: 3/9/2023

PO Number:

Check Number: E0094198

Check Amount: \$ 11,865.00

Check Date: 03/14/2023

Voucher Number: V0776836

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: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

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:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

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](mailto: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.



# INVOICE

DATE: FEBRUARY 28, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

## DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Izabella Cabadas deposit for Carlow SA Summer 2023	\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to ICISP-Heartland Community College

**THANK YOU FOR YOUR BUSINESS!**



# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: March 1, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby  
425 Fawell Boulevard  
Glen Ellyn, IL 60137-6599

### DUE DATE

May 1, 2023

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Izabella Cabadas final pmt for Carlow SA Summer 2023	\$3,115	\$3,115
SUBTOTAL			\$3,115
CREDIT			
TOTAL DUE			\$3,115

Make all checks payable to *ICISP-Heartland Community College*

**THANK YOU FOR YOUR BUSINESS!**

"McKellin, Maren" <mckellin@cod.edu>

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**Check Request - Izabella Cabadas ICISP**

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"McKellin, Maren" <mckellin@cod.edu>

Thu, Mar 9, 2023 at 05:31 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

I Cabadas check request1.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086165  
Vendor Name: ICISP  
Invoice Number: SOFIA SILVA  
Invoice Date: 3/9/2023  
PO Number:  
Check Number: E0094198  
Check Amount: \$ 11,865.00  
Check Date: 03/14/2023  
Voucher Number: V0776837  
Document Type: AP Invoice

Document Below

## Check Request Form

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Date: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

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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](mailto:invoicing@cod.edu)**



## Check Request Form (*cont.*)

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# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: MARCH 7, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

### DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Sofia Silva, Seville Summer 2023	\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to *ICISP-Heartland Community College*  
**THANK YOU FOR YOUR BUSINESS!**



# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: MARCH 31, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

### DUE DATE

May 1, 2023

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Final pmt for Sofia Silva, Seville Summer 2023	\$3,625	\$3,625
SUBTOTAL			\$3,625
CREDIT			
TOTAL DUE			\$3,625

Make all checks payable to *ICISP-Heartland Community College*  
**THANK YOU FOR YOUR BUSINESS!**

"McKellin, Maren" <mckellin@cod.edu>

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**Check Request -Sofia Silva ICISP**

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"McKellin, Maren" <mckellin@cod.edu>

Thu, Mar 9, 2023 at 05:33 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

S Silva check request1.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1086165  
Vendor Name: ICISP  
Invoice Number: CHRISTINA PAAR  
Invoice Date: 3/9/2023  
PO Number:  
Check Number: E0094198  
Check Amount: \$ 11,865.00  
Check Date: 03/14/2023  
Voucher Number: V0776838  
Document Type: AP Invoice

Document Below

## Check Request Form

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Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

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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): \_\_\_\_\_

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## Check Request Form (*cont.*)

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# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: MARCH 7, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

### DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Christina Paar, Seville Summer 2023	\$500	\$500
SUBTOTAL			\$500
CREDIT			
TOTAL DUE			\$500

Make all checks payable to *ICISP-Heartland Community College*

**THANK YOU FOR YOUR BUSINESS!**





# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

## INVOICE

DATE: MARCH 31, 2023

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

### DUE DATE

May 1, 2023

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Final pmt for Christina Paar, Seville Summer 2023	\$3,625	\$3,625
SUBTOTAL			\$3,625
CREDIT			
TOTAL DUE			\$3,625

Make all checks payable to *ICISP-Heartland Community College*  
**THANK YOU FOR YOUR BUSINESS!**

"McKellin, Maren" <mckellin@cod.edu>

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**Check Request -Christina Paar ICISP**

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"McKellin, Maren" <mckellin@cod.edu>

Thu, Mar 9, 2023 at 05:32 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

C Paar check request1.pdf