

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086839
Vendor Name: NACUBO
Invoice Number: 0023589
Invoice Date: 3/14/2023
PO Number:
Check Number: E0094450
Check Amount: \$ 7,346.00
Check Date: 03/29/2023
Voucher Number: V0779848
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
Total			\$

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



Membership Notice

National Association of College and University Business Officers
 1110 Vermont Avenue, NW Suite 800
 Washington, DC 20005 United States
 202-861-2500
www.nacubo.org

Renewal Number	0023589
Invoice Date	03/5/2023
Due Date	Due Upon Receipt

College of DuPage
 Scott Brady

Membership Renewal for College of DuPage
 Membership Type: Higher Ed
 Membership Term: June 1 through May 31

Item	Quantity	Price	Total
Higher Ed Institution - Region - CACUBO	1	\$250.00	\$250.00
Higher Ed Institution	1	\$7,096.00	\$7,096.00

Total: \$7,346.00
Tax Total: \$0.00
Shipping Total: \$0.00
Grand Total: \$7,346.00
Payment: \$0.00
Balance: \$7,346.00

REMITTANCE

Renew online with a credit card. Once logged in, click Renew.
 We proudly accept the following payment methods:

Mastercard, Visa, American Express, Discover

ACH Payment:
 Routing# - 021052053
 Bank Account# - 90602820

Please make checks payable to:
National Association of College and University
Business Officers
 P.O. Box 791331
 Baltimore, MD 21279-1331.
 202-861-2500

Renewal Number	
Name	
Amount Enclosed	\$

For assistance with your payment, please email us at membership@nacubo.org. Our W-9 can be found [online](https://www.nacubo.org/-/media/Documents/About/W-9-Form.ashx?la=en&hash=5D3F82398375E14EC430F7609DE7E01065DEBDDA) (<https://www.nacubo.org/-/media/Documents/About/W-9-Form.ashx?la=en&hash=5D3F82398375E14EC430F7609DE7E01065DEBDDA>).

"Barrios, Isabel" <barriosi142@cod.edu>

NACUBO 2023.pdf

"Barrios, Isabel" <barriosi142@cod.edu>

Thu, Mar 16, 2023 at 06:24 PM UTC

CC:

BCC:

1 attachment

NACUBO 2023.pdf

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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.