

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086142

Vendor Name: ICCET

Check Details:

Check Number: 0342423

Check Amount: \$ 300.00

Check Date: 9/9/2025

Invoice Details:

Invoice Number: 01325

Invoice Date: 9/3/2025

PO Number: NULL

Voucher Number: V0899540

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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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.

"McLaughlin, Ashley" <mclaughl@cod.edu>

Check Request- ICCET 2025 Renewal

"McLaughlin, Ashley" <mclaughl@cod.edu>

Thu, Sep 4, 2025 at 10:46 PM UTC

CC:

BCC:

Hi There,

Can I please have this vendor paid for the ICCET Membership Renewal.

Vendor: 1086142

Payee Address: Attn: Adam Schauer 18 S. River St. Aurora, Il 60506 (*Different than vendor*)

Amount: \$300

Please let me know if you need anything else

Thanks,
Ashley

Ashley McLaughlin

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

(630) 942-2209 | mclaughl@cod.edu | <https://www.cod.edu/academics/continuing-education/adult-education/>

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4 attachments

ICCET Membership INVOICE - COD.pdf

ICCET Membership and Renewal Form 2025 - 2026 page 2 Fillable.pdf

ICCET Membership and Renewal Form 2025 - 2026 Fillable.pdf

Check Request Form- ICCET 2025.pdf