

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1086931

**Vendor Name:** John Wiley & Sons Inc

**Check Details:**

**Check Number:** 0344263

**Check Amount:** \$ 3,995.00

**Check Date:** 9/30/2025

**Invoice Details:**

**Invoice Number:** 3357460

**Invoice Date:** 9/24/2025

**PO Number:** NULL

**Voucher Number:** V0905826

**Document Type:** AP Invoice

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**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 \$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)**

**WILEY****JOHN WILEY & SONS INC.****INQUIRIES:**

111 River Street  
Hoboken, NJ 07030  
Wiley Returns c/o CLDC  
10650 Toeppen Drive  
Independence, KY 41051  
SAN# 2002272  
800-225-5945

FED ID 13-559-3032, 9918USA29027051, 8298002041, ARN300014057328, T6700150104466  
M90372988J, CHE232.785.079 MWST, 311663121400003  
DUNS JWS INC. 001519248

**RETURNS:**

Bill To:

San:

**College of DuPage, Organizatio**  
**nal Development Division**  
**Nevien Shaabneh**  
**425 Fawell BLVD**  
**SRC 2137**  
**Glen Ellyn IL 60137**

Ship To:

San:

**College of DuPage, Organizatio**  
**nal Development Division**  
**Nevien Shaabneh**  
**425 Fawell BLVD**  
**SRC 2137**  
**Glen Ellyn IL 60137**

Invoice Number <b>3357460</b>	Invoice Date <b>09/05/25</b>	Purchase Order Number <b>AC9525 PC</b>	PO Date <b>00/00/00</b>	<b>Ship Via: DO NOT SHIP</b>					
Account Number <b>F792863 0000</b>	Comments <b>OK PER WILLIAM HULL</b>		Group <b>C V</b>	Outlet <b>073</b>	Sort By	Terr <b>8213</b>	Control no. <b>329165069</b>	Promo no <b>AC073</b>	Tran. Code <b>ES</b>

Website: N/A

Customer Email: N/A

ISBN	Qty	Author	Description	PL	Sub	Line	Net Ship	Unit Price	Disc.	Amount
9781394295197	1	Kouzes	The Leadership Challenge Practitioner Certificatio n DISCOUNT CODE - 2 OE	BT		1		\$3995.00	000%	\$3995.00

Total Units	1	Inv. Copies - In:	1	Out:	Mail:	Ship Method:	Cartons:	1	Merchandise Total	\$3995.00
To pay by credit card, please visit <a href="https://payments.wiley.com">https://payments.wiley.com</a> click on "one time payment."				Please detach and remit check to: <b>JOHN WILEY &amp; SONS, INC</b> <b>John Wiley &amp; Sons, Inc.</b> <b>P.O. Box 22308</b> <b>New York , NY 10087-2308</b> 					Sales Tax @	0.00
									Additional Charges	0.00
									Delivery 2 lbs	0.00
									Delivery Allowance	
CUSTOMER SERVICE: 800-225-5945 custserv@wiley.com				Check #					Less Payment Received	0.00
INVOICE: 3357460 1				Terms: Net 30 Days					Net Amount *	\$3995.00

\* Pay in U.S. Currency  
- Amounts Are Credits

Special Invoicing Instructions	Special Shipping Instructions
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@ Sales Tax includes All Applicable Taxes.

1001 6792863 6 3357460 6 00000399500 3 6

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

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**Check Request**

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

Wed, Sep 24, 2025 at 05:56 PM UTC

CC: Carpenter, Danielle <carpenterd2871@cod.edu>

BCC:

Please process the attached Check Request.

Should you have any questions, please reach out to me or Danielle Carpenter.

Thank you!

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](mailto:fryetr@cod.edu)

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**2 attachments**

09.24.25 Leadership Challenge Program.pdf

image001.png