

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086046 **Vendor Name:** IAODAPCA, Inc.

Check Details:

Check Number: 0346538 **Check Amount:** \$ 220.00 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: 31362 **Invoice Date:** 10/21/2025 **PO Number:** NULL
Voucher Number: V0913645

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.



Illinois Certification Board, Inc. d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Joseph Troiani, CADC, President, Board of Directors, Chris Boyster, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

October 20, 2025

ATTN: College of DuPage
Jason Florin
425 Fawell Blvd
Glen Ellyn, IL 60137

PROGRAM NAME: Trauma-Informed Standards in Action

10/3/2025

ICB has received and reviewed the application for the above-named continuing education program. Based upon an evaluation of the materials presented in the application, and in accordance with ICB criteria, continuing education units (CEUs) have been awarded as follows:

PROGRAM NUMBER: 31362

Category: COUN II, PREV II, CARS II, CODP II, PCGC II, CCJP II, CRSS I or II, CPRS I or II, RDDP, CPRS I or II, CFPP II, CVSS II

Continuing Education Units: 3

Beginning Date: 10/3/2025

Expiration Date: 10/3/2027

This program number is valid for two years and may be repeated any number of times within this two-year period by submitting a letter of intent to repeat, including any changes, the date of presentation, and the CEU fee of \$10.00 per unit.

Please include the following information on the PREPRINTED certificates:

- Name of Participant
- Name and Date of Program
- ICB Program Number
- Assigned Categories
- Number of CEUs Awarded

Please note, you are responsible for maintaining the sign in sheets and evaluations of this program for 2 years from the date of your training. You are no longer required to submit this follow up paperwork to ICB. Please note, ICB may contact you for verification of attendance of participants and other training matters.

Thank you for your participation in providing continuing education units to ICB credentialed professionals.

Sincerely,

JoAnna Boles
Administrative Assistant

To Protect the Public by providing competency-based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG **EMAIL:** INFO@IAODAPCA.ORG





Illinois Certification Board, Inc. d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

Joseph Troiani, CADC, President, Board of Directors, Chris Boyster, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

CONTINUING EDUCATION PROGRAM/INVOICE # 31362

DATE: October 20, 2025

TO: College of DuPage
Jason Florin
425 Fawell Blvd
Glen Ellyn, IL 60137

06-20-05202-5309001 Other Contractual

PROGRAM NAME: Trauma-Informed Standards in Action

CEUs: 3 @ \$10.00 per unit

APPLICATION FEE:	\$50.00
FEE FOR CEUS:	\$30.00
SUB-TOTAL:	\$80.00
PAYMENT RECEIVED:	\$0.00
TOTAL AMOUNT DUE:	\$80.00
DUE DATE	11/09/2025

Please Make Check or Money Order Payable To: ICB, INC.

Please note, a 3.75% service charge will be added to all credit/debit card transactions.

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____
(VISA or MasterCard only)

(Please include the three-digit number listed near the signature line on the back of the credit card) _____

Name on Card: _____ **Telephone Number:** (____) _____ - _____

Billing Address of Credit Card: _____

City: _____ **State:** _____ **Zip Code:** _____

PLEASE INCLUDE A COPY OF THIS INVOICE WITH YOUR PAYMENT. THANK YOU!

To Protect the Public by providing competency-based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG **EMAIL:** INFO@IAODAPCA.ORG



"Paprocki, Leslie" <paprockil1258@cod.edu>

IAODAPCA CEU 31362 \$80

"Paprocki, Leslie" <paprockil1258@cod.edu>

Tue, Oct 21, 2025 at 06:19 PM UTC

CC: Wagner, Sheila <wagners1711@cod.edu>

BCC:

Hello,

Please process the attached check request.

Thank you!
Leslie Paprocki

Leslie Paprocki (she/they)

Human Services Program Specialist, CRSS Success Program

e | paprockil1258@cod.edu

p | 630.942.2070

o | BIC 2536

College of DuPage

425 Fawell Blvd., Glen Ellyn, IL. 60137

1 attachment

Check Request IAODAPCA CEU 31362.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086046 **Vendor Name:** IAODAPCA, Inc.

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Invoice Details:

Invoice Number: ICB 9 **Invoice Date:** 11/11/2025 **PO Number:** NULL
Voucher Number: V0913973

Document Type: AP Invoice

Document Below

Check Request Form

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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

06-20-05202-5902001 \$100.00
06-20-05202-5309001 \$40.00

Illinois Certification Board d/b/a IAODAPCA, Inc. 401 E. Sangamon Avenue Springfield, IL 62702	Invoice
DATE: November 6, 2025	

To: College of DuPage Attn: Jason Florin 425 Fawell Blvd Glen Ellyn, IL 60137
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Julia Ford, Deputy Director	FEIN: 36-3122841

	Each	Total Due
CRSS Application Fee - \$100	1	\$100.00
Lhuiller, Claudia		
ICB Invoice Fee - \$40	1	\$40.00
(All Fees Are Non-Refundable)		
TOTAL DUE		<u>\$140.00</u>

ICB, Inc. ~ 401 E. Sangamon Avenue ~ Springfield, IL 62702
217-698-8110

*** Please make check payable to ICB, Inc. ****

** Please note, if calling to pay with VISA or MasterCard, there is a 3.75% service fee. **

"Paprocki, Leslie" <paprockil1258@cod.edu>

IAODAPCA Invoice 9 \$140

"Paprocki, Leslie" <paprockil1258@cod.edu>

Tue, Nov 11, 2025 at 05:53 PM UTC

CC: Wagner, Sheila <wagners1711@cod.edu>

BCC:

Hello,

Please process the attached check request for payment. To confirm, this vendor should have been switched back to paper checks for payment.

Thank you!

Leslie Paprocki (she/they)

Human Services Program Specialist, CRSS Success Program

e | paprockil1258@cod.edu

p | 630.942.2070

o | BIC 2536

College of DuPage

425 Fawell Blvd., Glen Ellyn, IL. 60137

1 attachment

IAODAPCA Invoice 9 Check Request Form sw.pdf