

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1289514

Vendor Name: Holbrook Travel

Check Details:

Check Number: E0106668

Check Amount: \$ 66,150.00

Check Date: 3/26/2025

Invoice Details:

Invoice Number: 449241-2

Invoice Date: 3/13/2025

PO Number: NULL

Voucher Number: V0879036

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



03/13/2025
Invoice # 449241

College of DuPage Galapagos Expedition TT IV West 2025

06/18/2025 - 06/28/2025

Kathleen Luczynski

	Price	Charge(s)	Amount
Land:	\$7,625.00	10	\$76,250.00
Air:		8 Round trip from Chicago (Ohare)	
Additional Services:			
AIR CREDIT \$1050 X 2 (VROOMAN & HAUERSPERGER)			\$-2,100.00

Invoice total: \$74,150.00

Statement of account:

Date	Payment type	Number	Debits	Credits
12/20/2024	Trans			\$8,000.00
			Deposits:	\$8,000.00
			Balance due:	\$66,150.00



Please remit payment to: Holbrook Travel 3540 NW 13th Street Gainesville, FL 32609
Email: Accounting@HolbrookTravel.com Phone: 800-451-7111 Fax: 352-371-3710

03/13/2025
Invoice # 449241

College of DuPage Galapagos Expedition TT IV West 2025

Kathleen Luczynski
6404 Loomes Ave., 3632 Princeton Ave
Downers Grove, IL 60516

Amount Due: \$66,150.00
Payment: \$
Due date: 03/15/2025

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

Check Request - Holbrook Travel

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

Wed, Mar 19, 2025 at 02:54 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU Holbrook Galapagos Payment.pdf