

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086839

Vendor Name: NACUBO

Check Details:

Check Number: E0106009

Check Amount: \$ 6,695.00

Check Date: 3/4/2025

Invoice Details:

Invoice Number: 0088325

Invoice Date: 2/27/2025

PO Number: NULL

Voucher Number: V0874858

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



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	0088325
Invoice Date	02/27/2025
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	1	\$6,445.00	\$6,445.00
Higher Ed Institution - Region - CACUBO	1	\$250.00	\$250.00

Total: \$6,695.00
Tax Total: \$0.00
Shipping Total: \$0.00
Grand Total: **\$6,695.00**
Payment: **\$0.00**
Balance: **\$6,695.00**

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>

Check Request_NACUBO 03.03.25.pdf

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

Tue, Mar 4, 2025 at 02:58 PM UTC

CC:

BCC:

1 attachment

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