

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1086839

**Vendor Name:** NACUBO

**Check Details:**

**Check Number:** E0106244

**Check Amount:** \$ 50.00

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** 0070436

**Invoice Date:** 3/7/2025

**PO Number:** NULL

**Voucher Number:** V0875337

**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
<b>Total</b>			<b>\$</b>

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](mailto:invoicing@cod.edu)**



# INVOICE

National Association of College and University Business  
Officers  
1110 Vermont Avenue, NW Suite 800  
Washington, DC 20005 United States

Phone: 202-861-2500  
www.nacubo.org

<b>Invoice Number</b>	0070436
<b>Invoice Date</b>	3/7/2025
<b>Invoice Term</b>	0
<b>Due Date</b>	3/7/2025

College of DuPage  
Scott Brady  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6708 United States

## Memberships

Membership Renew for  
Membership Type: Higher Ed  
Membership Term: 6/1/2025 - 5/31/2026

Item	Quantity	Price	Total
Higher Ed Institution	1	\$6,445.00	\$6,445.00
Higher Ed Institution - Region - CACUBO	1	\$300.00	\$300.00

**Total:** \$6,745.00  
**Tax Total:** \$0.00  
**Shipping Total:** \$0.00  
**Grand Total:** **\$6,745.00**  
**Payment:** **\$6,695.00**  
**Balance:** **\$50.00**

## Payments

Date	Payment Details	Total Paid
3/7/2025	Check Number: 250307ACH	\$6,695.00

**Thank you for your business!**

Please detach the portion below and return it with your payment.

## REMITTANCE

If you wish to pay with a credit card, please provide us with your credit card details. We proudly accept the following payment methods:

Mastercard, Visa, American Express,  
 Discover

<b>Name</b>	
<b>CC Number</b>	
<b>Expiration Date MM/DD</b>	/
<b>CVV</b>	

**Please make checks payable to:**  
**National Association of College and University Business Officers**

P.O. Box 791331  
Baltimore, MD 21279-1331 United States  
202-861-2500

Invoice Number	Order 0070436
Name	
Due Date	3/7/2025
Balance	\$50.00
Amount Enclosed	\$

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

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**Check Request NACUBO 3.7.2025.pdf**

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

Mon, Mar 10, 2025 at 01:59 PM UTC

CC:

BCC:

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**1 attachment**

Check Request NACUBO 3.7.2025.pdf