

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1591664

Vendor Name: Christian Medical & Dental Society

Check Details:

Check Number: 0340098

Check Amount: \$ 18,950.00

Check Date: 6/17/2025

Invoice Details:

Invoice Number: 599574

Invoice Date: 6/5/2025

PO Number: NULL

Voucher Number: V0889258

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

Christian Medical & Dental Associations

INVOICE

PO Box 7500
Bristol, TN 37621

(423) 844-1037

SOLD TO:

College of DuPage Field Studies/Study Abroad/Global Education
425 Fawell Blvd, BIC 3520
Glen Ellyn, IL 60137

INVOICE NUMBER 599574

INVOICE DATE Jun 5, 2025

OUR ORDER NO. PO22540

TERMS Upon Receipt

SHIPPED TO:

Same

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10	Airline Tickets for DOM2508A trip for the following participants: Julie Garcia (\$800), Paul Garcia (\$800), Mitzi Thomas (\$800), Sarah Born (\$800), Guadalupe Carmona, (\$800), Carla Kosorog (\$800), Emily McFadzean-Dockens (\$800), Miriam Volle (\$800), Julianna Wolff (\$800), Maya Thomas (\$800)		\$8,000.00
10	Project Fees for DOM2508A trip for the following participants: Julie Garcia (\$1995), Paul Garcia (\$495), Mitzi Thomas (\$1995), Sarah Born (\$1995), Guadalupe Carmona, (\$495), Carla Kosorog (\$495), Emily McFadzean-Dockens (\$495), Miriam Volle (\$495), Julianna Wolff, (\$495), Maya Thomas (\$1995)		\$10,950.00
		SUBTOTAL	\$18,950.00
		TAX	0.00

DIRECT ALL INQUIRIES TO:

Alicia Trivett
423-844-1037
email: alicia@cma.org

MAKE ALL CHECKS PAYABLE TO:

GHO
Attn: Alicia
PO Box 7500
Bristol, TN 37621

PAY THIS AMOUNT

\$18,950.00

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

Check Request - GHO

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

Thu, Jun 5, 2025 at 04:20 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2025SU GHO Dominican Republic.pdf