

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086046

Vendor Name: IAODAPCA, Inc.

Check Details:

Check Number: 0339858

Check Amount: \$ 2,730.00

Check Date: 6/10/2025

Invoice Details:

Invoice Number: 5-28-2025

Invoice Date: 5/28/2025

PO Number: NULL

Voucher Number: V0888407

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

d/b/a IAODAPCA, Inc.
401 E. Sangamon Avenue
Springfield, IL 62702

Invoice

Revision of March 24, 2025 Invoice

DATE: May 28, 2025

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

Julia Ford, Deputy Director

FEIN: 36-3122841

	Each	Total Due
CPRS Application Fee - \$85	3	\$255.00
Calhoun, Paul Rodriguez, Alicia Straczek, Magdalena		
CPRS Exam Fee - \$125	3	\$375.00
Calhoun, Paul Rodriguez, Alicia Straczek, Magdalena		
CRSS Application Fee - \$85	10	\$850.00
Artel, Michael Calhoun, Paul Cribb, Jennifer Crusoe, Danetta Donaldson, Normita Gaydos, Sophia Harvey, Toni Langs, Tracey Rodriguez, Alicia Straczek, Magdalena		
CRSS Exam Fee - \$125	10	\$1250.00
Artel, Michael Calhoun, Paul Cribb, Jennifer Crusoe, Danetta Donaldson, Normita Gaydos, Sophia Harvey, Toni Langs, Tracey Rodriguez, Alicia		

Straczek, Magdalena

(All Fees Are Non-Refundable)

TOTAL DUE

\$2730.00

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. **

"Wagner, Sheila" <wagners1711@cod.edu>

IAODAPCA \$2,730.00

"Wagner, Sheila" <wagners1711@cod.edu>

Tue, Jun 3, 2025 at 03:58 PM UTC

CC:

BCC:

Thank you.

Sheila Wagner

Grant Accountant

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137-6599

Phone: 630-942-2723

Fax: 630-942-2297

wagners1711@cod.edu

1 attachment

IAODAPCA Invoice 6 Check Request .pdf