

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1086142

**Vendor Name:** ICCET

**Check Details:**

**Check Number:** 0342676

**Check Amount:** \$ 1,225.00

**Check Date:** 9/23/2025

**Invoice Details:**

**Invoice Number:** 0091525

**Invoice Date:** 9/15/2025

**PO Number:** NULL

**Voucher Number:** V0904407

**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
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.
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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)**

# 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.

"McLaughlin, Ashley" <mclaughl@cod.edu>

---

**Check Request- ICCET Conference**

---

"McLaughlin, Ashley" <mclaughl@cod.edu>

Tue, Sep 16, 2025 at 03:18 PM UTC

CC: Konczyk, Julie <konczyk@cod.edu>

BCC:

Morning,

Attached is a check request for ICCET – 2025 Conference October 16 - 17, 2025 - 2 Check request forms attached-  
Check total \$1225

Registrations Invoices attached are for the below

**Invoice/Attendee**

02325- Julie Konczyk

02225- Debbie Hasse

02025- Brenda Large

01325- Jennifer Lange

02125- Sarah McGill

02425- Lorelie Garcia

02525- Amanda Skarosi

Please let me know if you need anything else.

Thanks,

Ashley

**Ashley McLaughlin**

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

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**9 attachments**

ICCET Conference INVOICE COD3.pdf

ICCET Conference INVOICE COD4.pdf

ICCET Conference INVOICE COD7.pdf

ICCET Conference INVOICE COD6.pdf

Check Request Form- ICCET CONFERENCE 2025 (1 of 2).pdf

ICCET Conference INVOICE COD5.pdf

ICCET Conference INVOICE COD2.pdf

ICCET Conference INVOICE COD1.pdf

Check Request Form- ICCET CONFERENCE 2025 (2 of 2).pdf

Invoice# 02225

EIN # 36-3894794



www.iccet.com  
ilccetboard@gmail.com

## INVOICE

**College of DuPage – Debra Hasse**

**ICCET – 2025 Conference October 16 - 17**

**\$175.00**

**Registration Fee – Early Bird Discount**

**\*Please make checks payable to ICCET and mail to:**

**Waubonsee Community College  
Attn: Adam Schauer  
18 S. River St.  
Aurora, IL 60506**

To reserve your room at Grand Bear Resort, call the reservations team at (866 399-3866 and provide the reservation number **#685386**. Individual room rates are \$125 per night or \$138 for a room with a balcony or patio.

If you have any questions or concerns, or need to cancel your registration please contact:

**Adam D. Schauer**

Dean for Adult and Workforce Education  
Illinois Council for Continuing Education and Training (ICCET), Treasurer



**WAUBONSEE**  
COMMUNITY COLLEGE

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Aurora, IL 60506

**O: (630) 906-4110**

**C: (331) 312-6791**

[aschauer@waubonsee.edu](mailto:aschauer@waubonsee.edu)

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**Invoice Number:** 02425

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**PO Number:** NULL

**Voucher Number:** V0904398

**Document Type:** AP Invoice

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