

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1086165

**Vendor Name:** ICISP

**Check Details:**

**Check Number:** 0342677

**Check Amount:** \$ 1,722.00

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

**Invoice Details:**

**Invoice Number:** 091525

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

**PO Number:** NULL

**Voucher Number:** V0904400

**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)**



# ICISP

ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

June 26, 2025

## INVOICE

DATE: AUGUST 29, 2025

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

### DUE DATE

Deposit due upon receipt; Final payment due to ICISP 8/1/2025

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Supplemental fee for McKayla Fife's additional course at Salzburg Fall 2025 study abroad program. The credit adjustment is for COD's overpayment on a prior check for study abroad	\$1,362	\$1,362
SUBTOTAL			\$1,362
CREDIT			-\$40
TOTAL DUE			\$1,322

Make all checks payable to ICISP-Heartland Community College. Thank you for your business!



ILLINOIS CONSORTIUM FOR  
INTERNATIONAL STUDIES  
AND PROGRAMS

# INVOICE

DATE: SEPTEMBER 11, 2025

ICISP, c/o Karen Huber  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981  
E-mail: karen.huber@heartland.edu

TO College of DuPage  
Attention: Sue Kerby

## DUE DATE

\$400 accommodation charge due upon receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	St. George's accommodation fee, William May	\$400	\$400
SUBTOTAL			\$400
CREDIT			
TOTAL DUE			\$400

Make all checks payable to ICISP. Thank you for your payment!

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

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**ICISP 2025FA Fife and May**

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

Tue, Sep 16, 2025 at 12:10 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

25FA ICISP adjustment payment.pdf