

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086751 **Vendor Name:** IACE Travel

Check Details:

Check Number: E0110338 **Check Amount:** \$ 7,500.00 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 2026SP-1 **Invoice Date:** 10/21/2025 **PO Number:** NULL
Voucher Number: V0911038

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



Invoice

Invoice # :
Date : October 21, 2025

IACE TRAVEL

1177 Avenue of the Americas

FL5

New York, NY 10036

College of DuPage
425 Fawell Blvd
Glen Ellyn IL 60137

■ **STATEMENT**

Statement	Unit Price	Quantity	Amount
Travel Packages Deposit	\$500.00	15	\$7,500.00

TOTAL AMOUNT \$7,500.00

■ **GROUP**

College of DuPage Spring 2026

■ **MEMO**

The travel packages include the complementary ticket for Mr. Shingo Satsutani

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

IACE Payment

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

Mon, Oct 27, 2025 at 06:28 PM UTC

CC:

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2026SP IACE Deposit.pdf