

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086165 **Vendor Name:** ICISP

Check Details:

Check Number: 0346917 **Check Amount:** \$ 46,880.00 **Check Date:** 12/2/2025

Invoice Details:

Invoice Number: 112425 **Invoice Date:** 11/24/2025 **PO Number:** NULL
Voucher Number: V0914859

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



ICISP

ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: OCTOBER 31, 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 December 1, 2025

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Alana Russell SP26 Seville	\$500	\$500
	Final payment for Alana Russell SP26 Seville	\$11,220	\$11, 220
SUBTOTAL			\$11,720
CREDIT			
TOTAL DUE			\$11,720

Make all checks payable to *ICISP-Heartland Community College*

THANK YOU FOR YOUR BUSINESS!



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DUE DATE

Deposit due upon receipt; final payment due December 1, 2025

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Ava Bartels SP26 Seville	\$500	\$500
	Final payment for Ava Bartels SP26 Seville	\$11,220	\$11, 220
SUBTOTAL			\$11,720
CREDIT			
TOTAL DUE			\$11,720

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Attention: Sue Kerby

DUE DATE

Deposit due upon receipt; final payment due December 1, 2025

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Lindsey Constantino SP26 Seville	\$500	\$500
	Final payment for Lindsey Constantino SP26 Seville	\$11,220	\$11, 220
SUBTOTAL			\$11,720
CREDIT			
TOTAL DUE			\$11,720

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TO College of DuPage
Attention: Sue Kerby

DUE DATE

Deposit due upon receipt; final payment due December 1, 2025

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Dep for Isabella Guzmanl SP26 Seville	\$500	\$500
	Final payment for Isabella Guzman SP26 Seville	\$11,220	\$11, 220
SUBTOTAL			\$11,720
CREDIT			
TOTAL DUE			\$11,720

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THANK YOU FOR YOUR BUSINESS!

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

ICISP Spain 2026SP

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

Tue, Nov 25, 2025 at 07:57 PM UTC

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

BCC:

Please pay.

Thanks,

Maren

1 attachment

2026SP Spain ICISP check request BL signed.pdf