

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1086106 **Vendor Name:** ICCTA

Check Details:

Check Number: E0114286 **Check Amount:** \$ 380.00 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: 1112 **Invoice Date:** 5/28/2026 **PO Number:** NULL
Voucher Number: V0940260

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 10-65, Vendor Payment — Non-Purchase Order.

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 \$5,000 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 \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 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.

Invoice Number1112

Invoice Date05/28/2026

Invoice DueDue Upon Receipt



Billed to
College of DuPage
Rachel Anderson
425 Fawell Blvd. BIC 3400
Glen Ellyn, IL 60137

From

Open

Transactions

DESCRIPTION	AMOUNT
Amy Wasko: Registration-Awards Banquet Only (includes ICCTA President's Reception) - \$190.00	\$ 190.00
Brigid Wasko: Registration-Awards Banquet Only (includes ICCTA President's Reception) - \$190.00	\$ 190.00

Total Amount	\$ 380.00
Amount Paid	\$ 0.00
Amount Due	\$ 380.00

Invoice Number1078

Invoice Date05/19/2026

Invoice DueDue Upon Receipt



Billed to

College of DuPage

Reem Townsend

From

Open

Transactions

DESCRIPTION	AMOUNT
Robert Plank: Registration-Awards Banquet Only (includes ICCTA President's Reception) - \$190.00	\$ 190.00
Christine Plank: RegistrationAwards Banquet Only (includes ICCTA President's Reception) - \$190.00	\$ 190.00

Total Amount	\$ 380.00
Amount Paid	\$ 0.00
Amount Due	\$ 380.00

"Anderson, Rachel" <andersonr34@cod.edu>

Check Request Form - ICCTA OFA 2026

"Anderson, Rachel" <andersonr34@cod.edu>

Mon, Jun 8, 2026 at 09:35 PM UTC

CC:

BCC:

Good afternoon –

Please see attached for processing.

Thanks!

Rachel Anderson

Executive Assistant to Dr. Lisa Stock

Associate Vice President of Academic Affairs

425 Fawell Blvd. BIC 3400

Glen Ellyn, IL 60137

andersonr34@cod.edu

2 attachments

image001.jpg

Check Request Form - ICCTA OFA 2026.pdf