

Information:

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

Check Details:

Check Number: 0352602 **Check Amount:** \$ 4,845.00 **Check Date:** 6/2/2026

Invoice Details:

Invoice Number: ICISP FY 27 Dues **Invoice Date:** 5/26/2026 **PO Number:** NULL **Voucher Number:** V0938898

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: _____

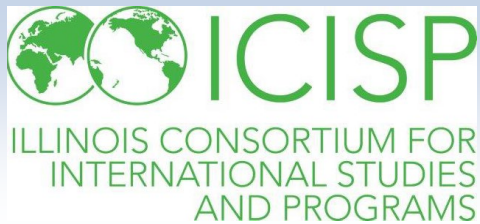
Next Level Supervisor (if applicable): _____ Print Name: _____

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

DATE: MAY 2026

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
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

DUE DATE

July 1, 2026

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	ICISP Dues FY27	\$900	\$900
SUBTOTAL			\$900
CREDIT			
TOTAL DUE			\$900

Make all checks payable to *ICISP-Heartland Community College*
THANK YOU FOR YOUR BUSINESS!

"Kerby, Susan" <kerbys@cod.edu>

Check request ICISP Dues

"Kerby, Susan" <kerbys@cod.edu>

Tue, May 26, 2026 at 07:28 PM UTC

CC:

BCC:

Sue Kerby

Coordinator of Study Abroad

College of DuPage Field and Experiential Learning | Study Abroad | Global Education

425 Fawell Blvd, BIC 3520

Glen Ellyn, IL 60137

(630) 942-3078

<https://cod.edu/field>

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1 attachment

ICISP FY27 Dues invoicex.pdf

Information:

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

Check Details:

Check Number: 0352602 **Check Amount:** \$ 4,845.00 **Check Date:** 6/2/2026

Invoice Details:

Invoice Number: 041726 **Invoice Date:** 4/17/2026 **PO Number:** NULL
Voucher Number: V0938830

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: 4/23/2026 Vendor ID: 1086165 Vendor Name: ICISP

Payee Address: 1500 W Raab Rd, Normal IL Payment Due Date: 4/24/2026

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Toronto Garcia	01-90-00835-52090-14	conference fees	2095
Total			\$ 2,095.00

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:

Toronto PD

Other Instructions:

All requests will require the following approvals:

Requester: Julie Y. Garcia Print Name: Julie Y.
 Budget Officer: Dr. Anna Campbell Digitally signed by Dr. Anna Campbell
Date: 2026.05.15 10:16:09 -05'00' 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



ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: APRIL 17, 2026

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: Julie Garcia

DUE DATE
May 1, 2026

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Julie Garcia fees for professional development seminar in Toronto, Canada SU26	\$2,095	\$2,095
SUBTOTAL			\$2,095
CREDIT			
TOTAL DUE			\$2,095

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

RE: J3 Request

From Stock, Lisa <stockl@cod.edu>

Date Thu 3/26/2026 9:38 AM

To Garcia, Julie <garciaj4@cod.edu>; Anderson, Rachel <andersonr34@cod.edu>

Cc Campbell, Anna <campbella86@cod.edu>; Arreguin, Sue <arreguins40@cod.edu>

Hello Julie,

I approve \$2095 for your J3 Request. I'm copying Sue Arreguin on this as she tracks this budget. Thank you for continuing your professional growth.

Lisa

Lisa Stock, Ph.D.

Associate Vice President of Academic Affairs

College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137

Phone: 630-942-2652

From: Garcia, Julie <garciaj4@cod.edu>

Sent: Wednesday, March 25, 2026 3:47 PM

To: Stock, Lisa <stockl@cod.edu>; Anderson, Rachel <andersonr34@cod.edu>

Cc: Campbell, Anna <campbella86@cod.edu>

Subject: Fw: J3 Request

Hi Lisa

Please review & consider approving my request for J3.

The matter of approval is urgent since registration closes soon by Friday but I like to register asap given my schedule with time constraints this week.

Thank you for your time & consideration!!

Best Regards,

Julie Garcia

Julie Garcia, MSN, RN, CNS, FNP

Assistant Professor, Nursing

425 Fawell Blvd.

HSC #2331

Glen Ellyn, Illinois 60137

email garciaj4@cod.edu

Ph. [630 942-4397](tel:6309424397)

Fax [630 942-4222](tel:6309424222)

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."

— Leo Buscaglia

From: Campbell, Anna <campbella86@cod.edu>

Sent: Wednesday, March 25, 2026 11:14 AM

To: Stock, Lisa <stockl@cod.edu>

Cc: Anderson, Rachel <andersonr34@cod.edu>; Garcia, Julie <garciaj4@cod.edu>

Subject: J3 Request

Hi Lisa,

Please see the attached J3 request for Julie Garcia. I have attached the approved request. Julie is requesting \$2090 in J3 funds. Thanks so much for your consideration!

-Anna

Anna Campbell, PhD, CST/CSFA
Dean Nursing & Health Sciences
College of DuPage
(630) 942-4071
HSC1214
campbella86@cod.edu

Booking Business Travel

Request ID : 6RDF

Approval Status : Approved

Employee Name : Julie Garcia

Email Address : garciaj4@cod.edu

Default Manager Name : Anna Campbell

Default Manager Email : campbella86@cod.edu

Country of Residence : UNITED STATES

Sender Name : Julie Garcia

Email Address : garciaj4@cod.edu

Default Manager Name : Anna Campbell

Default Manager Email : campbella86@cod.edu

Country of Residence : UNITED STATES

Start Date : 07/12/2026

End Date : 07/23/2026

Purpose : Learning foundational and applied competencies in AI to help me to incorporate these into my pedagogy.

Expenses

Transaction Date	Expense Type	Entry Description	Foreign Amount	Amount
07/12/2026	Tuition / Conference- Faculty-5209014	program fees	\$2,095.00	\$2,095.00
07/12/2026	Meals Itemized-International-5505006	meal on travel day at airport	\$23.00	\$23.00
07/22/2026	Meals Itemized-International-5505006	meal on travel day at airport	\$23.00	\$23.00
07/12/2026	Transportation-Taxi/Limo/Bus/Subway/Other - International - 5505	Uber transportation to O'Hare airport	\$65.00	\$65.00
07/12/2026	Transportation-Taxi/Limo/Bus/Subway/Other - International - 5505	Transportation from Toronto airport to Humber Polytechnic	CAD 20.00	\$14.44
07/22/2026	Transportation-Taxi/Limo/Bus/Subway/Other - International - 5505	Transportation to airport from Humber Polytechnic	CAD 45.00	\$32.49

07/22/2026	Transportation-Taxi/Limo/Bus/Subway/Other - International - 5505	Uber transportation from O'Hare airport	\$61.00	\$61.00
07/13/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/14/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/15/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/16/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/17/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/21/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/20/2026	Meals Itemized-International-5505006	dinner	\$41.00	\$41.00
07/18/2026	Meals Itemized-International-5505006	weekend lunch and dinner	\$64.00	\$64.00
07/19/2026	Meals Itemized-International-5505006	weekend lunch and dinner	\$64.00	\$64.00
07/12/2026	Airfare/Train - International - 5505006	airfare	\$500.00	\$500.00

Printed on 05/26/2026 8:21 PM

Information:

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

Check Details:

Check Number: 0352602 **Check Amount:** \$ 4,845.00 **Check Date:** 6/2/2026

Invoice Details:

Invoice Number: 051926 **Invoice Date:** 5/19/2026 **PO Number:** NULL
Voucher Number: V0938831

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: 4/23/2026 Vendor ID: 1086165 Vendor Name: ICISP

Payee Address: 1500 W Raab Rd, Normal IL Payment Due Date: 4/24/2026

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Toronto - Thomas	01-90-02638-5806001		1,850.00
Total			\$ 1,850.00

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:

Toronto J3 Funding

Other Instructions:

All requests will require the following approvals:

Requester: Mitzi Thomas Print Name: Mitzi Thomas

Budget Officer: Dr. Anna Campbell Print Name: Anna Campbell

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



ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: MAY 19, 2026

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: Mitzi Thomas

DUE DATE
Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Mitzi Thomas fees for professional development seminar in Toronto, Canada SU26	\$2,095	\$2,095
SUBTOTAL			\$2,095
CREDIT			\$245
TOTAL DUE			\$1,850

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

Booking Business Travel

Request ID : **6RD9**
Approval Status : **Approved**

Employee Name : **Mitzi Thomas**
Email Address : thomasm90@cod.edu
Default Manager Name : **Anna Campbell**
Default Manager Email : campbella86@cod.edu
Country of Residence : **UNITED STATES**

Sender Name : **Mitzi Thomas**
Email Address : thomasm90@cod.edu
Default Manager Name : **Anna Campbell**
Default Manager Email : campbella86@cod.edu
Country of Residence : **UNITED STATES**

Start Date : **07/12/2026**
End Date : **07/24/2026**
Humber Polytechnic Global Summer Seminar Professional Development: Critical AI Literacy for Transforming Teaching and Learning (July 13 – July 22, 2026 - Toronto, Canada). Co-Sponsored by Illinois Consortium for International Studies and programs (ICISP)

Expenses

Transaction Date	Expense Type	Entry Description	Foreign Amount	Amount
07/12/2026	Tuition / Conference-Faculty-5209014	AI Toronto Conference Lodging and Program fee	\$1,850.00	\$1,850.00
Comment :		Mitzi Thomas (03/25/2026): Humber Polytechnic Global Summer Seminar Professional Development: Critical AI Literacy for Transforming Teaching and Learning (July 13 – July 22, 2026 - Toronto, Canada). Co-Sponsored by Illinois Consortium for International Studies and programs (ICISP) Critical AI Literacy for Transforming Teaching and Learning Actual Cost is \$2095. Only \$1850 approved by J3 funding. I will pay the difference of \$245 Mitzi Thomas (03/25/2026): Critical AI Literacy for Transforming Teaching and Learning		

Printed on 04/13/2026 5:44 PM

Mitzi Thomas

Heartland Community College HCC
1500 West Rauh Road
Normal, IL 61761
(309) 268-8140

05/12/2026

11:02:28

Credit Sale

Transaction #: 5
Card Type: Visa
Account: *****5856
Entry: Manual
Amount: USD\$245.00

Ref. Number: 202605121103270005

Trace ID: QkPkPkPkPkVjSiQmykTjTl

Global UID: 1240329555202605121102289491

Auth. Code: 09815D

Batch #: 298

Response: APPROVED

CVD Response: M - Match

AVS Response: 5 Zip Matches

CUSTOMER COPY

Thank You