

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1089354 **Vendor Name:** Society for College & Univ.

Check Details:

Check Number: E0114438 **Check Amount:** \$ 1,000.00 **Check Date:** 6/23/2026

Invoice Details:

Invoice Number: 0050165 **Invoice Date:** 6/8/2026 **PO Number:** NULL
Voucher Number: V0942454

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



The Society for College and University Planning

Society for College and University Planning
1330 Eisenhower Place
Ann Arbor, MI 48108 United States

Phone: 734-669-3270
<https://www.scup.org>

INVOICE

Invoice Number	0050165
Invoice Date	6/8/2026
Invoice Term	Due Upon Receipt
Due Date	6/8/2026
Balance	\$1,000.00

Brigham Timpson
College of DuPage
IL United States

Memberships

Membership for Brigham Timpson
Membership Type: Group
Membership Term: 6/1/2026 - 5/31/2027

Item	Quantity	Price	Total
Institutional Group F (3 Seats)	1	\$1,000.00	\$1,000.00

Please note that member benefits are **activated** when balance is paid in full.

Total:	\$1,000.00
Discount:	\$0.00
Grand Total:	\$1,000.00
Payment:	\$0.00
Balance:	\$1,000.00

Description
Dr. Nick Branson Brigham Timpson Dr. Joe DeHart

NEW POLICY REGARDING ROSTER SWAPS FOR GROUP MEMBERSHIPS: Starting August 01, 2023, roster changes need to be made within 30 days of the membership start date. No swaps will be permitted for the remainder of your membership year.

All membership dues are nonrefundable.

Please detach the portion below and return it with your payment, or follow the Payment Link below.

[Click here to pay invoice \(https://myaccount.scup.org/expresspayment?id=a11VP00000KGpHZ-2a2bf4987398d63ec0f1c6acbab788ee\)](https://myaccount.scup.org/expresspayment?id=a11VP00000KGpHZ-2a2bf4987398d63ec0f1c6acbab788ee)

REMITTANCE

Please make checks payable to:
Society for College and University Planning

1330 Eisenhower Place
Ann Arbor, MI 48108 United States
734-669-3270

Invoice Number	Order 0050165
Name	Brigham Timpson
Due Date	6/8/2026
Balance	\$1,000.00
Amount Enclosed	\$

Thank you for your business!

"Barrios, Isabel" <barriosi142@cod.edu>

vndr ID 1089354-BT-SCUP Check Request Form - SCUp Membership Order Invoice _6.23.2026 (002).pdf

"Barrios, Isabel" <barriosi142@cod.edu>

Tue, Jun 23, 2026 at 01:38 PM UTC

CC:

BCC:

1 attachment

vndr ID 1089354-BT-SCUP Check Request Form - SCUp Membership Order Invoice _6.23.2026 (002).pdf