

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1186052
Vendor Name: Amalgamated Bank of Chicago
Invoice Number: 1853957004CT
Invoice Date: 06/17/20
PO Number:
Check Number: 0269003
Check Amount: \$ 525.00
Check Date: 06/23/2020
Department ID: 00853
Reviewer Name:
Voucher Number: V0630365
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zerrudom@cod.edu
Sent: Wed Jun 17 11:14:55 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: amalgamated bank check request

From: Virgilio, David
Sent: Wednesday, June 17, 2020 11:14 AM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: amalgamated bank check request

Good morning, Marivic!

Please process when you have a moment,

Thanks!

David P. Virgilio, C.P.A.
Interim Controller / Assistant Financial Controller – Financial Affairs
College of DuPage – Glen Ellyn, IL
phone 630.942.3028 – fax 630.942.2297

Check out the Financial Affairs Team Site [Here](#)

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

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 **Vendor Payment - Non-Purchase Order Procedure No. 10-65**

Date: 6/17/2020
Vendor ID: 1186052

Invoice Number	Fund	Func.	Dept.	Object	Object Descip.	Amount
1853957004CT	04	90	00853	5909001	Other Expenditure	\$ 50.00
1856754002	04	90	00849	5909001	Other Expenditure	\$ 475.00

Grand Total \$ 525.00

Check the appropriate box below and sign

- ☒ **We**, the undersigned, hereby certify that the goods/services for which payment is being 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 being requested, has not yet been provided. This is a pro-approval indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

06/17/20 MARIA ZERRUDO

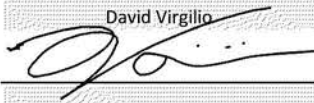
Payee Name: Amalgamated Bank of Chicago
Corporate Trust Department
PO Box 94445
Payee Address: Chicago, IL 60690-4445

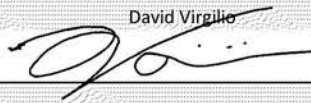
Other Instructions:

Description on Check:

administrative fees for Series 2009B and Series 2018

Approvals:

Prepared By: David Virgilio
Signature: 
Payment Due:
Board Approved Date: n/a

Approved By: David Virgilio
Signature: 
Approved By:
Signature:
Date:
APPROVED
By David P. Virgilio at 11:13 am, Jun 17, 2020
Date:
Approved By Division VP:
Signature:
Date:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

College of DuPage - Accounts Payable

Check Request Form

Notes:

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 Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached
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 Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

AMALGAMATED BANK OF CHICAGO

Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

INVOICE

Mail to: College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137
Attn: Chief Financial Officer

Date: May 1, 2020
Trust #: 1853957004CT

Name: DuPage CCD 502 2009B

FOR SERVICES RENDERED AS: Registrar and Paying Agent

ISSUE DESCRIPTION: DuPage CCD 502 Series 2009B

FEES DUE

ADMINISTRATIVE FEE:

Annual:

For period 5/1/19 through 6/30/19 \$ 50.00

TOTAL AMOUNT DUE: \$50.00

PAYMENT INSTRUCTIONS:

Please make checks payable to Amalgamated Bank of Chicago and return a copy of this bill with your remittance to ensure proper credit. If you have any questions, please contact the Corporate Trust Department at 312-822-3289.



Corporate Trust Department

P.O. BOX 94445
Chicago, IL 60690-4445
(312) 822-3289

INVOICE

MAIL TO: COLLEGE OF DUPAGE
ATTN: BRIAN CAPUTO
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

DATE: MARCH 1, 2020

TRUST #: 1856754002

SERVICES RENDERED AS: BOND REGISTRAR AND PAYING AGENT

ISSUE DESCRIPTION: COMMUNITY COLLEGE DISTRICT #502, DUPAGE, COOK & WILL COUNTIES, (COLLEGE OF DUPAGE) GENERAL OBLIGATION REFUNDING BONDS, SERIES 2018

FEES DUE

ADMINISTRATIVE FEE:

For period 03/01/2020 through 02/28/2021

\$475.00

TOTAL AMOUNT DUE:

\$475.00

PAYMENT INSTRUCTIONS:

Please make checks payable to Amalgamated Bank of Chicago and return a copy of this bill with your remittance to ensure proper credit. If you have any questions, please contact the Corporate Trust Department at 312-822-3289.