

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1273314

Vendor Name: Brink's, Inc

Invoice Number: 11468332

Invoice Date: 02/01/21

PO Number:

Check Number: 0277204

Check Amount: \$ 129.57

Check Date: 03/08/2021

Department ID: 00757

Reviewer Name:

Voucher Number: V0661596

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Resnick, Michelle <resnickm@cod.edu>
Sent: Thu Feb 11 14:38:58 CST 2021
To: invoicing@cod.edu
CC:
Subject: RE: Brinks Check Request

I sent you the unsigned one, sorry about that. Attached is the signed check request.

Michelle Resnick
Manager of Accounts Receivable
College of DuPage

From: Resnick, Michelle
Sent: Thursday, February 11, 2021 2:35 PM
To: Invoicing <invoicing@cod.edu>
Subject: Brinks Check Request

Good Afternoon,

Please find a check request for Brinks. Please do not mail this check; please put it on my door when it is ready. I need to include the remit slip before it is mailed.

Also, I let Brinks know to send future invoices to this email address (see attached email).

Thank you.

Michelle Resnick
Manager of Accounts Receivable
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone 630.942.3052 | Fax 630.942.2297

[attachment: 02.2021 Brinks check request - 02.11.21.pdf]

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

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 - Check Request Procedure No. 10-65

Date: 2/11/2021
Vendor ID: 1273314

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
11468332		01	80	00757	5904001	Financial Charges & Adjust	\$ 129.57

Grand Total \$ 129.57

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, have not yet been provided. The approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Brink's Incorporated

Other Instructions: Give to Michelle Resnick [Ext 3052]

Payee Address: 7373 Solutions Center
Chicago, IL 60677-700

Description on Check:

Customer Acct 1000089731; Invoice 11468332

Approvals:

Prepared By: Michelle Resnick

Reviewed By: Michelle Resnick Date: 02/11/2021

Signature:

Signature: Michelle Resnick

Payment Due: 2/11/2021

Approved By: David Virgilio Date: 2/11/21

Board Approved Date:

Signature:

Approved By Division VP: Date:

Signature:

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

**INVOICE NO.****11468332****REMIT TO**

BRINK'S INCORPORATED
7373 SOLUTIONS CENTER
CHICAGO IL 60677

DATE

02/01/2021

CORRESPONDENCE TO

BRINKS US
A DIVISION OF BRINK'S INCORPORATED
555 Dividend Drive
Coppell TX US 75019

FEDERAL E.I.No. 36-2478302

CUSTOMER ACCT# 10000089731**BILL TO ID #** 578551**TERMS**

NET 30

FOR BILLING PERIOD 02/01/2021 TO 02/28/2021

DESCRIPTION	CHARGE	FSC	TAX	TOTAL
TRANSPORTATION	\$120.81	\$8.76	\$0.00	\$129.57
	TOTAL:	\$120.81	\$8.76	\$0.00
				\$129.57

PLEASE PAY LAST AMOUNT SHOWN**\$129.57**

For Brink's updates and service offerings related to the Covid-19 outbreak please visit our website at
<https://announcements.brinksinc.com/en/web/covid-19>

FOR BILLING INQUIRES PLEASE EMAIL US AT: 1-844-818-6210 or brinksus.invoicing@brinksinc.com
QUESTIONS ON SERVICE SHOULD BE DIRECTED TO: 1-877-5-Brinks

REMITTANCE STUB MUST ACCOMPANY PAYMENT TO ENSURE PROPER CREDIT**INVOICE NO.****11468332****REMIT TO**

BRINK'S INCORPORATED
7373 SOLUTIONS CENTER
CHICAGO IL 60677

DATE

02/01/2021

CUSTOMER ACCT# 10000089731**BILL TO ID #** 578551

12611-1.30-58361E11.nop 1-4 1 / 3
COLLEGE OF DUPAGE
ATTN: Scott Brady
425 FAWELL BLVD
Glen Ellyn IL 60137

PLEASE PAY LAST AMOUNT SHOWN**\$129.57**



Date	Description	Days of Svc	Qty	Charge	FSC	Tax	Total
COLLEGE OF DUPAGE							
COLDP - 425 FAWELL BLVD - - Glen Ellyn - IL - 60137-6599							
01/29/2021	CIT Service - 1x Weekly - Urban	Th	1.000	\$120.81	\$8.76	\$0.00	\$129.57
Total: B0404				\$120.81	\$8.76	\$0.00	\$129.57
Total for Invoice: 11468332				\$120.81	\$8.76	\$0.00	\$129.57