

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 326904677/060221
Invoice Date: 06/02/21
PO Number:
Check Number: 0281622
Check Amount: \$ 10.00
Check Date: 06/08/2021
Department ID: 08703
Reviewer Name:
Voucher Number: V0684115
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Powell, Jonathan <powellj199@cod.edu>

Sent: Thu Jun 03 09:10:09 CDT 2021

To: invoicing@cod.edu

CC: sekerkaj@cod.edu, resnickm@cod.edu, zerrudom@cod.edu, barriosi142@cod.edu, cruseb199@cod.edu

Subject: Chapter 33 Debt Letter Check Request - Wiley 2021SP

Good morning,

Attached is one check request for a VA debt payment. The VA will not accept the check without a remittance slip attached to it. When the check is printed, would it be possible to place the check in the overhead compartment at my desk?

Please let me know if you have any questions.

Thank you.

Jon Powell

Student Accounts Receivable Coordinator

College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599

Phone 630.942.3946 | Fax 630.942.2297

[attachment: Post 9-11 Debt Check Request - Wiley 2021SP.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: 6/2/2021
Vendor ID: 1084317

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
326904677		06	91	08703	4309001	Other Federal Govt Sources	\$ 10.00
Grand Total							\$ 10.00

Check the appropriate box below and sign

- ☒ 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.

06/03/21 - MARIA ZERRUDO

- ☐ 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.

Payee Name: Dept of Veterans Affairs


Other Instructions: Give to Jon Powell [Ext. 3946]

Payee Address: Debt Management Center Bishop Henry
Whipple Federal BLD PO Box 11930
ST Paul, MN 55111-0930

Description on Check:

C AWILE - VA Overpayment

Approvals:

Prepared By: Jon Powell
Signature: 
Payment Due: 6/2/2021
Board Approved Date: _____

Reviewed By: Michelle Resnick Date: 06/03/2021

Signature: 

Approved By: David Virgilio Date: _____

Signature:  6/3/21

Approved By Division VP: Ellen Roberts Date: _____

Signature: _____

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



DEPARTMENT OF VETERANS AFFAIRS
Debt Management Center
Bishop Henry Whipple Federal Building
P.O. Box 11930
St. Paul, MN 55111-0930

APRIL 30, 2021

000004392

I=0000



381 SP 0.510



COLLEGE OF DUPAGE
425 FAWELL BLVD SRC 2015
GLEN ELLYN, IL 60137

File Number: 326904677

Payee Number: 00

Person Entitled: CAWILE

Deduction Code: 75

Questions? E-Mail Address: dmcedu.vbaspl@va.gov

(Please provide the information above
on any e-mail correspondence)

You were previously notified that education benefits for [REDACTED] were adjusted resulting in the creation of a debt. The balance on that account is now \$ 10.00. The Department of Veterans Affairs (VA) notified schools in April 2009 and again in January 2011 of circumstances where schools would be held responsible for refunding tuition, fees and Yellow Ribbon payments to the VA. Those circumstances are summarized on the back of this letter. If you already sent funds to the VA for payment of this account, please advise this office where you sent the payment, and provide the amount and the date of the payment. If you have a copy of the cancelled check, please provide this office with a copy of the front and back of the check. If you have not returned the funds to the VA and sent the funds to the Veteran in error, you are responsible for the debt. Refunding money to the Veteran does not automatically transfer your liability of the debt to the Veteran unless you specifically followed the instructions on the back of this letter. If you dispute the debt, you should explain why you refunded monies to the Veteran and did not return them to the VA. Your payment options are listed on the back of this letter.

WHAT WILL HAPPEN IF YOU IGNORE THIS LETTER?

We may refer your account to the Department of the Treasury for further collection, which will include offset of any federal payment to which you are entitled. In addition, the Department of the Treasury may refer your account to private collection agencies, which will result in additional fees, interest and penalties being added to the balance.

WHERE DO YOU CALL IF YOU HAVE QUESTIONS REGARDING THIS LETTER?

If you have questions regarding payment of the debt, you should contact the VA Debt Management Center at 1-800-827-0648. Our office hours are 6:30 AM to 6:00 PM Central Time. Visit www.va.gov/debtman for Saturday availability. Please note that we experience our highest call volumes on Mondays and throughout the first week of each month. By avoiding these peak times, you will minimize your wait time. Your call may be monitored to ensure quality information. You can also contact us via e-mail at dmcedu.vbaspl@va.gov. If you have questions regarding specific Veterans or payments, please submit a separate inquiry for each.

Chief, Operations Division

FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT



Department of Veterans Affairs

2021120

PAYMENT REMITTANCE

326904677007503012309120527 326904677 0075 03012309120527 0001000 6

* FILE NO.	▶ 326904677	AMOUNT ENCLOSED	ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT. PLEASE INCLUDE YOUR ZIP CODE.
PAYEE NO.	▶ 00	\$	
PERSON ENTITLED	▶ [REDACTED]	YOUR TELEPHONE NO. (Include Area Code)	
DEDUCTION CODE	▶ 75		
* Please include this number on your check or money order.			

Powell, Jonathan

From: Bruhnke, Kristen
Sent: Wednesday, June 2, 2021 10:38 AM
To: Powell, Jonathan
Subject: [REDACTED]
Attachments: [REDACTED]

Good Morning Jon,

Please pay the attached debt letter for [REDACTED] Tuition and fees were corrected for the 12 week term, which created the debt.

Thanks!

Kristen Bruhnke
Veterans Certification Specialist
College of DuPage

425 Fawell Blvd. | SSC 2225J | Glen Ellyn, IL 60137-6599 | USA
phone 630.942.3852 | fax 630.942.4991 | bruhnkek@cod.edu



Please visit <https://www.cod.edu/coronavirus/> for up-to-date information and resources regarding the College's response to the global coronavirus (COVID-19) pandemic.