

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicago

Invoice Number: 1856978002-040122

Invoice Date: 4/6/2022

PO Number:

Check Number: 0298010

Check Amount: \$ 475.00

Check Date: 04/12/2022

Voucher Number: V0735706

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 10-65, Vendor Payment — Non-Purchase Order.

Date: 04/06/2022 Vendor ID: 1186052 Vendor Name: Amalgamated Bank of Chicago

Payee Address: Corporate Trust Department, PO Box 94445, Chicago IL Payment Due Date: 04/06/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1856978002-040122	04-90-00853-5909001	other expenditure	475.00
Total			\$ 475.00

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:

administrative fee- Series 2019

Other Instructions:

### All requests will require the following approvals:

Requester: David Digitally signed by David P Virgilio Date: 2022.04.06 10:56:52 -05'00' Print Name: David Virgilio

Budget Officer: David Digitally signed by David P Virgilio Date: 2022.04.06 10:56:58 -05'00' Print Name: David Virgilio

Requests \$5,000 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 \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): n/a

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (cont.)**

### **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 Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



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

**MAIL TO:** COLLEGE OF DUPAGE  
ATTN: SCOTT BRADY  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**DATE:** April 1, 2022

## FEE INVOICE

**SERVICES RENDERED AS:** REGISTRAR AND PAYING AGENT

**ISSUE DESCRIPTION:**

## FEES DUE

**ADMINISTRATIVE FEE:**  
FOR PERIOD 04/01/2022 THROUGH 03/31/2023

**\$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.

**"Virgilio, David"** <virgiliod@cod.edu>

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**amalgamated bank bond fees series 2019**

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**"Virgilio, David"** <virgiliod@cod.edu>

Wed, Apr 6, 2022 at 04:00 PM GMT

CC:

BCC:

**David P. Virgilio, CPA**

**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](#).**

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**1 attachment**

Check Request Form ABOC - 2019.pdf