

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 320966847-B
Invoice Date: 6/14/2022
PO Number:
Check Number: 0299990
Check Amount: \$ 293.40
Check Date: 06/21/2022
Voucher Number: V0741415
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: 6/14/2022 Vendor ID: 1084317 Vendor Name: Dept. of Veterans Affairs

Payee Address: Debt Management Center Bishop Henry Whipple Federal BLD PO Box 11530 St. Paul, MN 55111-0300 Payment Due Date: 6/14/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
320966847-B	06-91-08703-4309001	Other Federal Govt Sources	293.40
Total			\$ 293.40

Check the appropriate box below:

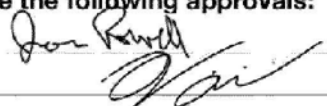
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein 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.

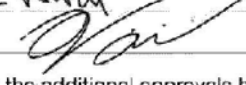
Description on Check:

Other Instructions:

Place in overhead compartment at Jon Powell's desk.

All requests will require the following approvals:

Requester:  Print Name: Jon Powell

Budget Officer:  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): _____

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



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

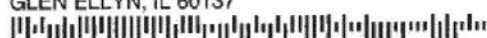
APRIL 18, 2022

1987494_701*****SNGLP

T1 P0



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



According to our records, your indebtedness to the Department of Veterans Affairs for

Your check or money order should be made payable to the U.S. Department of Veterans Affairs and mailed to the above address together with the bottom portion of this letter. Be sure to include the student's name and file number on your remittance to ensure proper credit.

IF YOU HAVE QUESTIONS

If you have questions regarding payment of the debt, you should contact the VA Debt Management Center at 1-833-720-2574. If calling from outside of the U.S., please dial 1-612-843-6508. Our office hours are 6:30 AM to 6:00 PM Central Time. 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 students or payments, please submit a separate inquiry for each.

Respectfully,

Debt Management Center
U.S. Department of Veterans Affairs

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



Department of Veterans Affairs

2022108

PAYMENT REMITTANCE

320966847007506060805070127 320966847 0075 06060805070127 0029340 7

AMOUNT ENCLOSED

\$

YOUR TELEPHONE NO.
(include Area Code)

ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT.
PLEASE INCLUDE YOUR ZIP CODE.

your check or money order.

000701-01

Powell, Jonathan

From: Bruhnke, Kristen
Sent: Tuesday, June 14, 2022 4:25 PM
To: Powell, Jonathan
Subject: Felicity Hegarty 1520357
Attachments: Felicity Hegarty 04-18-2022.pdf

Hi Jon,

There is a \$709.20 overpayment for this student on the FY 22 - Post 911 Payments Received spreadsheet. It looks like we paid one debt letter in the amount of \$415.80 for 2022SP. There is an additional student tuition debt of \$293.40 (see attached). Please pay this debt letter as well.

Thanks!

Kristen Bruhnke
Veterans Services Program Coordinator
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.

Need to speak to a Veterans Services team member? We offer in person and virtual appointments! Please [click here](#) to schedule.

"Powell, Jonathan" <powellj199@cod.edu>

Chapter 33 Debt Letter Check Requests - Hegarty 2022SP

"Powell, Jonathan" <powellj199@cod.edu>

Tue, Jun 14, 2022 at 09:57 PM GMT

CC: Sekerka, Joyce <sekerkaj@cod.edu>, Barrios, Isabel <barriosi142@cod.edu>, Zerrudo, Maria <zerrudom@cod.edu>

BCC:

Good afternoon,

Attached is a 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 it 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

1 attachment

