

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 5052
Invoice Date: 3/27/2023
PO Number:
Check Number: 0311002
Check Amount: \$ 1,105.00
Check Date: 04/11/2023
Voucher Number: V0780173
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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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: _____

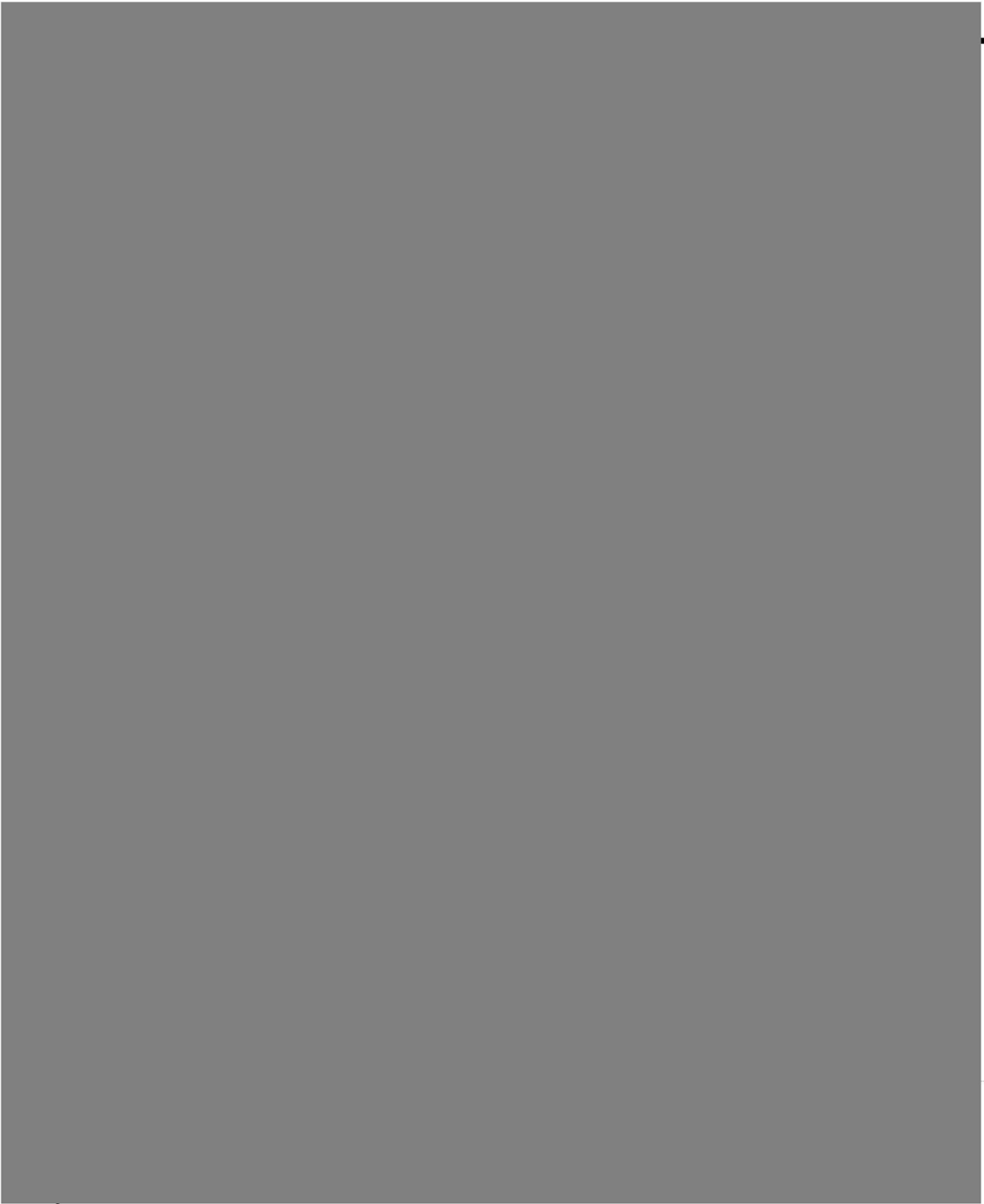
Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

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





Paul Annarella

Accounts Receivable Coordinator
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone 630.942.4472 | Fax 630.942.2297

From: Thompson, Jaime <thompsonj1096@cod.edu>

Sent: Tuesday, March 21, 2023 2:43 PM

To: Gross, Sheri <grosss384@cod.edu>; Bruhnke, Kristen <bruhnkek@cod.edu>; Annarella, Paul <annarellap@cod.edu>;
Resnick, Michelle <resnickm@cod.edu>

Subject: VA Debt Letters

Hello:

Attached please find the VA Debt Letters received today in Veterans Services. Thank you.

Sincerely,

Jaime Thompson

Jaime Thompson
Veterans Services Assistant

Phone: (630) 942-3851
Email: thompsonj1096@cod.edu

College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137

Veterans@cod.edu

"Annarella, Paul" <annarellap@cod.edu>

Ch.33 Debt Check Requests - 3.27.2023

"Annarella, Paul" <annarellap@cod.edu>

Mon, Mar 27, 2023 at 08:50 PM UTC

CC:

BCC:

Good afternoon,

Attached please find 9 check requests. **Once the checks are cut, please give them to Paul Annarella.**
Please do not mail the checks.

Please let me know if you have any questions.

Thank you.

Paul Annarella

Accounts Receivable Coordinator

College of DuPage

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

Phone 630.942.4472 | Fax 630.942.2297

From: Virgilio, David <virgiliod@cod.edu>
Sent: Monday, March 27, 2023 3:48 PM
To: Resnick, Michelle <resnickm@cod.edu>
Cc: Annarella, Paul <annarellap@cod.edu>
Subject: RE: Ch.33 Debt Check Requests - Signature Needed - 3.27.2023

9 approved, thx!

David P. Virgilio, CPA

Controller – Financial Affairs

College of DuPage – Glen Ellyn, IL

phone (630) 942-3028 – fax (630) 942-2297

Spring 2023: M/T: Remote | W/Th/F: On Campus

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

From: Resnick, Michelle <resnickm@cod.edu>
Sent: Monday, March 27, 2023 3:07 PM
To: Virgilio, David <virgiliod@cod.edu>
Cc: Annarella, Paul <annarellap@cod.edu>
Subject: FW: Ch.33 Debt Check Requests - Signature Needed - 3.27.2023

Signature, please.

Please let me know if you have any questions.

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

Remote: M/Tu/Th; Office: W/F

From: Annarella, Paul <annarellap@cod.edu>
Sent: Monday, March 27, 2023 2:52 PM
To: Resnick, Michelle <resnickm@cod.edu>
Subject: Ch.33 Debt Check Requests - Signature Needed - 3.27.2023

Good afternoon Michelle,

Attached are nine Ch.33 debt check requests. Can you please review and let me know if I can send for approval to Dave. I have marked these all on the payments received spreadsheet.

Thanks!

Paul Annarella

Accounts Receivable Coordinator

College of DuPage

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Phone 630.942.4472 | Fax 630.942.2297

