

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 8184
Invoice Date: 4/21/2023
PO Number:
Check Number: 0311756
Check Amount: \$ 1,020.00
Check Date: 05/09/2023
Voucher Number: V0783188
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

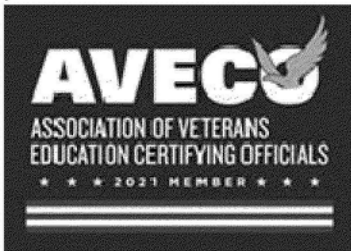


Kristen Bruhnke

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




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

From: Annarella, Paul <annarellap@cod.edu>

Sent: Thursday, April 20, 2023 2:05 PM

To: Thompson, Jaime <thompsonj1096@cod.edu>; Gross, Sheri <grosss384@cod.edu>; Bruhnke, Kristen <bruhnkek@cod.edu>; Resnick, Michelle <resnickm@cod.edu>

Subject: RE: VA Debt Letters



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

Sent: Tuesday, April 18, 2023 11:03 AM

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 - 04.21.2023

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

Fri, Apr 21, 2023 at 02:51 PM UTC

CC:

BCC:

Good morning,

Attached please find 5 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

