

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 4274-050823
Invoice Date: 5/8/2023
PO Number:
Check Number: 0311763
Check Amount: \$ 255.47
Check Date: 05/09/2023
Voucher Number: V0785116
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: _____

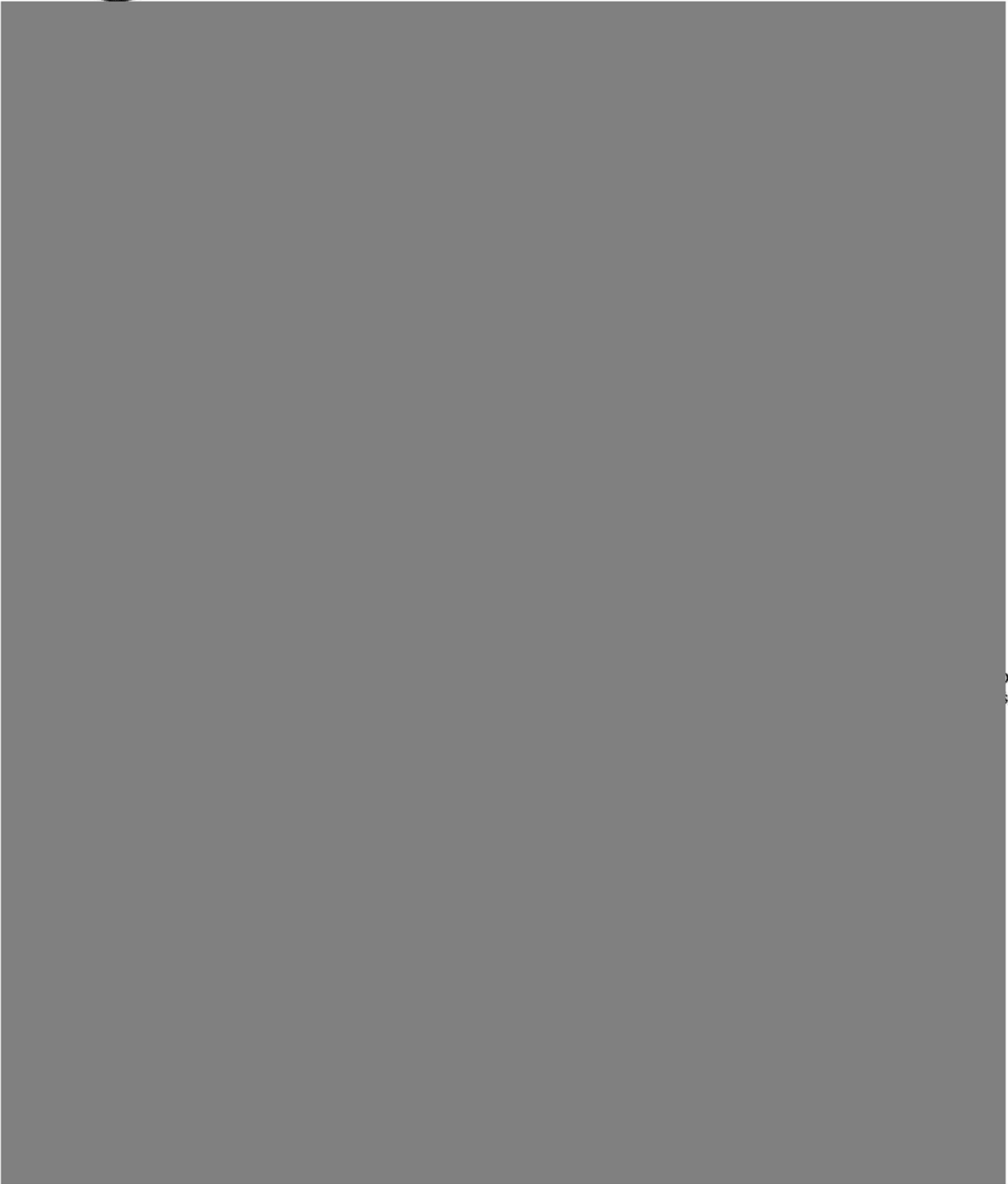
Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

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



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



on
se

From: Bruhnke, Kristen
To: Annarella, Paul; Still, Kimberly; Gross, Sheri; Resnick, Michelle
Subject: RE: VA Debt Letters
Date: Monday, May 8, 2023 1:14:11 PM
Attachments: [image001.png](#)
[image002.png](#)

Hi Paul,

Yes, please pay the debt letter. Term dates 1/23/23 to 5/19/23.

Thanks!

Kristen Bruhnke

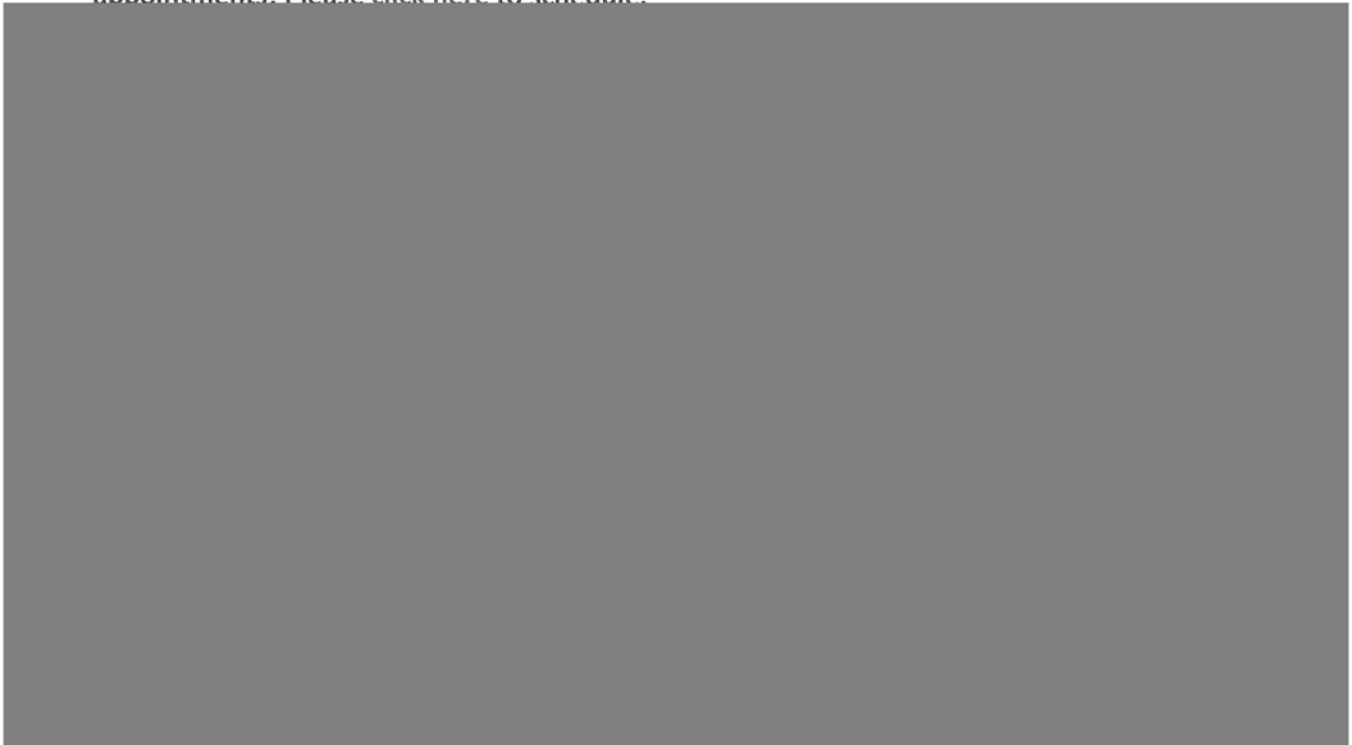
Veterans Services Program Coordinator

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



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



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: Still, Kimberly <stillk@cod.edu>

Sent: Monday, May 8, 2023 12:55 PM

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

Subject: VA Debt Letters

Good Afternoon,

Attached are the VA debt letters that were received today.

Have a nice day!

Kim

Kim Still

Veterans Degree Audit Specialist

College of DuPage | SSC 2225

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

phone (630) 942-3814 | stillk@cod.edu

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

Ch.33 Debt Check Request - 05.08.2023

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

Mon, May 8, 2023 at 07:22 PM UTC

CC:

BCC:

Good afternoon,

Attached please find 1 check request. **Once the check is cut, please give 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

1 attachment

Ch. 33 Debt Check Request -Kendrick James - 2023SP - 05.08.2023.pdf