

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 7999
Invoice Date: 5/12/2023
PO Number:
Check Number: 0312400
Check Amount: \$ 356.00
Check Date: 06/06/2023
Voucher Number: V0785543
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: _____

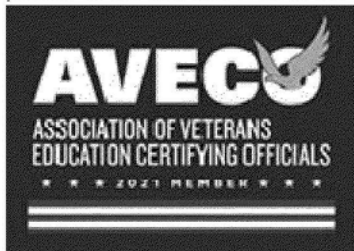
Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

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



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.

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

Ch.33 Debt Check Request - 05.12.2023

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

Fri, May 12, 2023 at 05:42 PM UTC

CC:

BCC:

Good afternoon,

Attached please find 2 check requests. **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

