

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1642699
Vendor Name: Avenu SLS Holdings LLC
Invoice Number: 86443132-230928
Invoice Date: 9/28/2023
PO Number:
Check Number: 0318028
Check Amount: \$ 419.00
Check Date: 10/11/2023
Voucher Number: V0803213
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

HRS Pro Web Enterprise Edition

Invoice Number # 86443132 - 230928

Invoice for Account # 8644-3132

Total User Licenses: 3

Amount Due: \$419.00

Invoice Date: September 28, 2023

College of DuPage

Shameica Hall
425 Fawell Blvd
Glen Ellyn
60137

Make checks payable and send to:

Avenu SLS Holdings, LLC
Attn: Accounting
100 Hancock Street, 10th Floor
Quincy, MA 02171

This form will serve as your invoice. **Please reference your Account # 86443132 on the check and send to the above address.** Once your payment is received, we will activate the Enterprise Edition and send you an email notification.

If you have any questions, please send an email to: hrsprosupport@unclaimedproperty.com or call 617-371-9900, press 1 for HRS Pro, then 1 for sales or 2 for support.

"Hall, Shameica" <halls115@cod.edu>

FW: Check Request for Your Review/Approval-HRS Pro Check Request

"Hall, Shameica" <halls115@cod.edu>

Thu, Sep 28, 2023 at 06:47 PM UTC

CC:

BCC:

Hi,

Please process at your earliest convenience.

Best Regards,

Shameica Hall

Accountant II - Financial Affairs

College of DuPage

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

Phone 630.942.2678 | Fax 630.942.2297 | halls115@cod.edu

From: Virgilio, David <virgilio@cod.edu>

Sent: Thursday, September 28, 2023 1:17 PM

To: Hall, Shameica <halls115@cod.edu>

Subject: RE: Check Request for Your Review/Approval-HRS Pro Check Request

Approved, thx!

David P. Virgilio, CPA

Controller – Financial Affairs

College of DuPage – Glen Ellyn, IL

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

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

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

From: Hall, Shameica <halls115@cod.edu>

Sent: Thursday, September 28, 2023 12:53 PM

To: Virgilio, David <virgiliod@cod.edu>

Subject: Check Request for Your Review/Approval-HRS Pro Check Request

Hi Dave,

Please review/approve for processing.

This check request is for the software needed to send unclaimed property information to the State.

Thanks,

Shameica Hall

Accountant II - Financial Affairs

College of DuPage

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

Phone 630.942.2678 | Fax 630.942.2297 | halls115@cod.edu

1 attachment

SH 9-28-23 Check Request Form -HRS Pro Software.pdf