

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084317
Vendor Name: Dept of Veterans Affairs
Invoice Number: 6669
Invoice Date: 11/27/2024
PO Number:
Check Number: 0333530
Check Amount: \$ 166.54
Check Date: 01/07/2025
Voucher Number: V0864116
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: _____

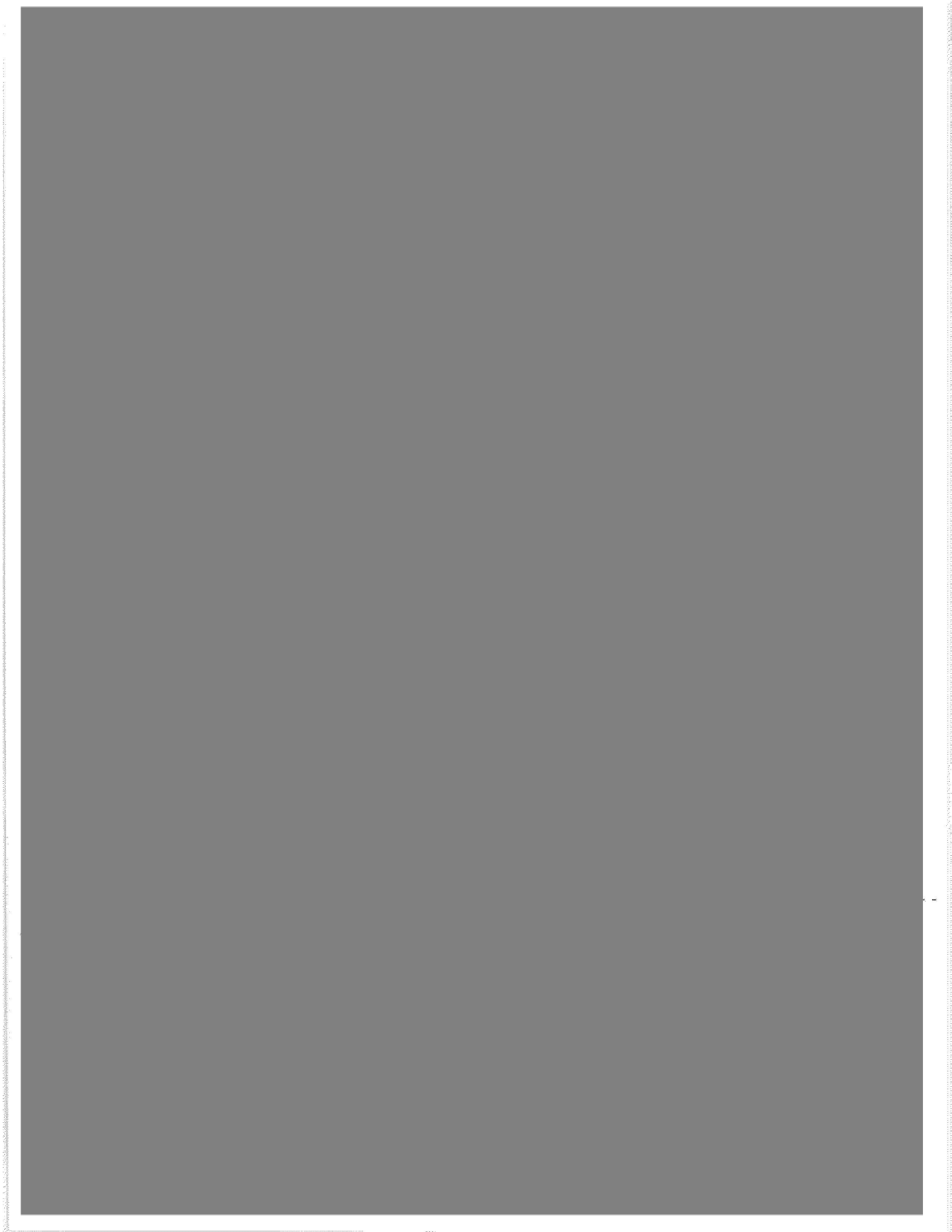
Next Level Supervisor (if applicable): _____ Print Name: _____

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



From: Bruhnke, Kristen
To: Annarella, Paul
Cc: Resnick, Michelle; Gross, Sheri
Subject: RE: VA letters
Date: Thursday, December 12, 2024 2:50:18 PM
Attachments: [image003.png](#)
[image004.png](#)

Hi Paul,

Yes, please pay the debt letter. Term dates are 8/19/24 to 12/12/24.

Thank you,

Kristen Bruhnke

Veterans Services Program Coordinator

College of DuPage

425 Fawell Blvd. | BIC 1A06 | 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: Thompson, Jaime <thompsonj1096@cod.edu>

Sent: Thursday, December 12, 2024 1:18 PM

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

Subject: VA letters

Hello: Attached please find 2 VA Debt letters and 4 VA Paid in full 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 Request - 12.17.2024

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

Tue, Dec 17, 2024 at 06:16 PM UTC

CC:

BCC:

Good afternoon,

Attached please find 1 check request. **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

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