

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084317  
Vendor Name: Dept of Veterans Affairs  
Invoice Number: 7645  
Invoice Date: 1/10/2025  
PO Number:  
Check Number: 0333632  
Check Amount: \$ 110.73  
Check Date: 01/14/2025  
Voucher Number: V0864717  
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
<b>Total</b>			<b>\$</b>

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: \_\_\_\_\_

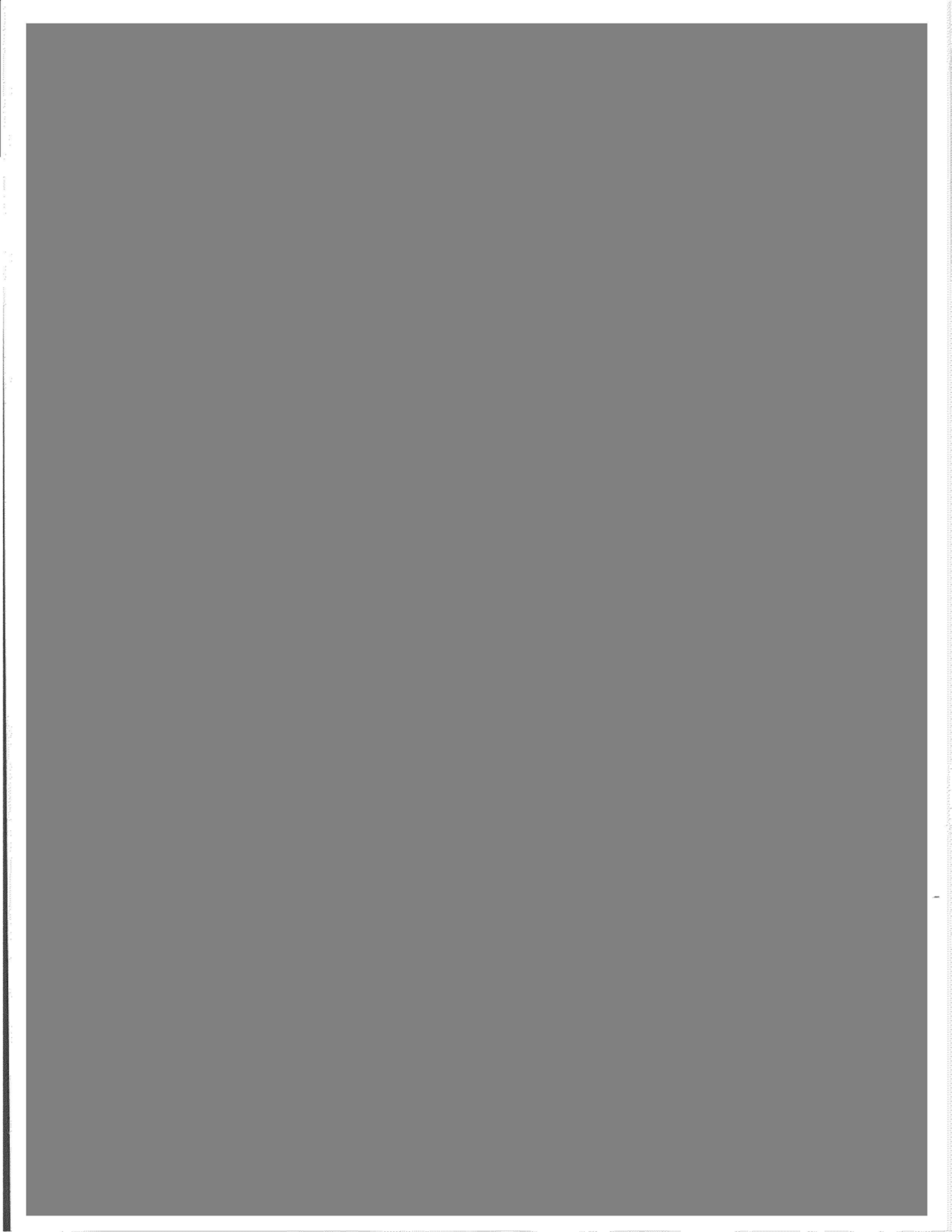
Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

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](mailto:invoicing@cod.edu)**



**From:** Bruhnke, Kristen  
**To:** Annarella, Paul  
**Cc:** Resnick, Michelle; Gross, Sheri  
**Subject:** RE: VA Debt Letters  
**Date:** Monday, January 6, 2025 4:50:19 PM  
**Attachments:** [image003.png](#)  
[image004.png](#)

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425 Fawell Blvd. | BIC 1A06 | Glen Ellyn, IL 60137-6599 | USA  
phone 630.942.3852 | fax 630.942.4991 | [bruhnkek@cod.edu](mailto:bruhnkek@cod.edu)

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



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**From:** Annarella, Paul <[annarellap@cod.edu](mailto:annarellap@cod.edu)>  
**Sent:** Monday, January 6, 2025 1:48 PM  
**To:** Thompson, Jaime <[thompsonj1096@cod.edu](mailto:thompsonj1096@cod.edu)>; Gross, Sheri <[grosss384@cod.edu](mailto:grosss384@cod.edu)>; Bruhnke, Kristen <[bruhnkek@cod.edu](mailto:bruhnkek@cod.edu)>; Resnick, Michelle <[resnickm@cod.edu](mailto:resnickm@cod.edu)>  
**Subject:** RE: VA Debt Letters

Good afternoon,

Can you please confirm that the debt for the student listed below is correct? Can you please also confirm the term of debt?



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**From:** Thompson, Jaime <[thompsonj1096@cod.edu](mailto:thompsonj1096@cod.edu)>

**Sent:** Monday, January 6, 2025 1:30 PM

**To:** Gross, Sheri <[gross384@cod.edu](mailto:gross384@cod.edu)>; Bruhnke, Kristen <[bruhnkek@cod.edu](mailto:bruhnkek@cod.edu)>; Annarella, Paul <[annarellap@cod.edu](mailto:annarellap@cod.edu)>; Resnick, Michelle <[resnickm@cod.edu](mailto: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](mailto:thompsonj1096@cod.edu)

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

[Veterans@cod.edu](mailto:Veterans@cod.edu)

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

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**Ch.33 Debt Check Request - 01.10.2025**

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

Fri, Jan 10, 2025 at 02:39 PM UTC

CC:

BCC:

Good morning,

Attached please find 2 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

