

**Information:**

**Drawer:** Accounts Payable - Invoices  
**Vendor Number:** 1207123  
**Vendor Name:** DUPAGE COUNTY

**Check Details:**

**Check Number:** 0336384  
**Check Amount:** \$ 1,926.30  
**Check Date:** 3/4/2025

**Invoice Details:**

**Invoice Number:** 12202024  
**Invoice Date:** 12/20/2024  
**PO Number:** NULL  
**Voucher Number:** V0872943  
**Document Type:** AP Invoice

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**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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$25,000 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)**

"Zerrudo, Marivic" <zerrudom@cod.edu>

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**FW: [External] Chrome River Invoice Creation Status**

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"Zerrudo, Marivic" <zerrudom@cod.edu>

Wed, Feb 26, 2025 at 05:49 PM UTC

CC:

BCC:

**Marivic Zerrudo**

**Accounts Payable Specialist**

**[College of DuPage](#)**

425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599

phone 630-942-2601 | [zerrudom@cod.edu](mailto:zerrudom@cod.edu)

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**From:** Servin-Garcia, Daniela <servin-garciad@cod.edu>

**Sent:** Wednesday, February 26, 2025 11:45 AM

**To:** Zerrudo, Marivic <zerrudom@cod.edu>

**Subject:** RE: [External] Chrome River Invoice Creation Status

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**From:** Zerrudo, Marivic <[zerrudom@cod.edu](mailto:zerrudom@cod.edu)>  
**Sent:** Wednesday, February 26, 2025 11:37 AM  
**To:** Servin-Garcia, Daniela <[servin-garciad@cod.edu](mailto:servin-garciad@cod.edu)>  
**Subject:** RE: [External] Chrome River Invoice Creation Status

Hi Daniela,

# Check Request Form *(cont.)*

## **Processing a Check Request:**

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

I sent you an email on 01/16/25 requesting you reach out to Purchasing regarding an additional remit to address.

Attached is the email I sent. The address on the check request has not been added.

If we process this for payment, the check will go to a different location/address

Thanks

**Marivic Zerrudo**

**Accounts Payable Specialist**

**College of DuPage**

425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599

phone 630-942-2601 | [zerrudom@cod.edu](mailto:zerrudom@cod.edu)

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**From:** Servin-Garcia, Daniela <[servin-garciad@cod.edu](mailto:servin-garciad@cod.edu)>  
**Sent:** Monday, February 24, 2025 4:27 PM  
**To:** Zerrudo, Marivic <[zerrudom@cod.edu](mailto:zerrudom@cod.edu)>  
**Subject:** FW: [External] Chrome River Invoice Creation Status

DuPage County  
842 N. County Farm Rd.  
Wheaton, IL 60187

Dear DuPage County,

The college will be sending a check for unused scholarship funds for the following student(s):

Name	Social Security Number	Return Code	Term	Amount
Freeman, Malika	XXX-XX-7428	RSD	Fall 2024	\$1,089.53
Khak, Ali	XXX-XX-5297	RSD	Fall 2024	\$73.00
Elafifi, Hiedi	XXX-XX-0509	RSD	Fall 2016	\$541.27
Castillo, Vanessa	XXX-XX-1857	RSD	Fall 2017	\$222.50
<b>Total:</b>				<b>\$1,926.30</b>

Please review your funds accordingly upon arrival. Please see return code guide below for reason funds are being returned. Checks should be sent out within 3-4 weeks of notice. If you require any additional documentation or need to speak to me, please feel free to contact me.

Thank you.

*Daniela Servin-Garcia*

Daniela Servin-Garcia  
Scholarship Coordinator  
Phone: (630) 942 - 2283  
Email: [servin-garciad@cod.edu](mailto:servin-garciad@cod.edu)  
College of DuPage



**Return Code**

W- Student withdrew  
RSD- Remaining Scholarship Dollars  
DNE – Did not enroll

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**From:** [expense-noreply-c5-prod@ca1.chromeriver.com](mailto:expense-noreply-c5-prod@ca1.chromeriver.com) <[expense-noreply-c5-prod@ca1.chromeriver.com](mailto:expense-noreply-c5-prod@ca1.chromeriver.com)>  
>



### Student Information

Hiedi Elafifi - ID#: 1298625

Check Date	Scholarship Name/Donor	Check Amount	Check #
8/27/2024	DuPage County	\$1,300.00	1030849
	TOTAL:	\$1,300.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
9/20/2016	Fall 2016	\$758.73	
	TOTAL:	\$758.73	

Total of payments received:	\$1,300.00
Total of funds paid to student:	\$758.73
<b>Difference owed to scholarship donor:</b>	<b>\$541.27</b>



**DUPAGE  
COUNTY**

**Community  
Development**  
630-407-6600  
Fax: 630-407-6601

**Family Center**  
422 N. County Farm Rd.  
Wheaton, IL 60187  
630-407-2450  
Fax: 630-407-2451

**Housing Supports  
and Self-Sufficiency**  
630-407-6500  
Fax: 630-407-6501

**Intake and Referral**  
630-407-6500  
Fax: 630-407-6501

**Psychological  
Services**  
505 N. County Farm Rd.  
Wheaton, IL 60187  
630-407-6400  
Fax: 630-407-6401

**Senior Services**  
630-407-6500  
Fax: 630-407-6501

## COMMUNITY SERVICES

630-407-6500  
Fax: 630-407-6501  
csprograms@dupageco.org  
[www.dupageco.org/community](http://www.dupageco.org/community)

College of DuPage  
Attn: Financial Aid  
425 Fawell Blvd  
Glen Ellyn, IL 60137

RE: Hiedi Elafifi

Enclosed is the Community Service Block Grant Scholarship check for \$1,300 that has been awarded to Hiedi Elafifi from DuPage County Community Services. The student must use the scholarship funds as they are dictated in the enclosed "Intended Use Affidavit" that has been signed by the student and approved by our office.

All scholarships fund must be used by the end of the current calendar year and the student is responsible to submitting proof of scholarship fund use to our office.

If your office has any questions regarding the approved use or any issue or concerns, please contact either Bridget James or Lisa Hamilton at 1-800-942-9412 (toll-free) or 630-407-6500 (locally).

Thank you,

Bridget James  
Information & Referral Manager  
DuPage County Community Services

Lisa Hamilton  
Information & Referral Coordinator  
DuPage County Community Services

**Sent:** Monday, January 13, 2025 10:03 AM  
**To:** Servin-Garcia, Daniela <[servin-garciad@cod.edu](mailto:servin-garciad@cod.edu)>  
**Subject:** [External] Chrome River Invoice Creation Status

**CAUTION:** This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.



INVOICE IMAGES RECEIVED

We received an e-mail with invoice images sent on **Monday, January 13, 2025 at 4:03:00 PM UTC** from [servin-garciad@cod.edu](mailto:servin-garciad@cod.edu)

We attempted to create invoices from the images. Please review the invoice statuses below:

Invoices created successfully

We were able to create invoices from the following image files you sent and are currently extracting data. No further action needs to be taken.

FILE NAME	INVOICE CREATED
Check Request - DuPage County (4 students).pdf	0500-1929-3417

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**2 attachments**

Check Request - DuPage County (4 students).pdf

image001.png



DUPAGE COUNTY  
TREASURER  
421 N. County Farm Road  
Wheaton, IL 60187

Check No. 1030849

Check Date: 09/09/2016

Vendor #:10314

COLLEGE OF DUPAGE, 425 FAWELL BLVD, GLEN ELLYN IL 60137, UNITED STATES OF AMERICA

Invoice Number	Date	Description	Gross Amount	Discount	Net Amount Paid
08222016BA	08/22/16	COD '16 SCHOLARSHIP BA	\$1,300.00	\$0.00	\$1,300.00
08222016HE	08/22/16	COD '16 SCHOLARSHIP HE	\$1,300.00	\$0.00	\$1,300.00
08222016MG	08/22/16	COD '16 SCHOLARSHIP MG	\$1,300.00	\$0.00	\$1,300.00
08222016NB	08/22/16	COD '16 SCHOLARSHIP NB	\$1,000.00	\$0.00	\$1,000.00
<p># 1376554 - 1300<sup>00</sup> Buba Addalla  # 1298625 - 1300<sup>00</sup> Hiedi Elafki  SEP 19 2016  Student Financial Assistance</p>					
<b>Totals</b>			<b>\$4,900.00</b>	<b>\$0.00</b>	<b>\$4,900.00</b>

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. THE REVERSE SIDE OF THIS DOCUMENT SHOWS A SECURITY FEATURE.



DUPAGE COUNTY  
TREASURER  
Class C Accounts Payable  
421 N. County Farm Road  
Wheaton, IL 60187

1030849

09-09-2016

70-2390  
719

Fifth Third Bank

PAY EXACTLY

\*\*\*\*\*4,900

DOLLARS AND

00

CENTS

\$ \*\*\*\*\*4,900.00

VOID AFTER SIX MONTHS

TO THE  
ORDER OF

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
United States of America

*Shawn Henry*

COUNTY TREASURER

⑈01030849⑈ ⑆071923909⑆ 7231857058⑈



ENCORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE \*



The security features listed below, as well as those not listed, exceed industry guidelines.

**Security Features:**

**Authentic Watermark:**

**Void Pantograph**

**MicroPrint Signature Line**

**Security Screen**

**Results of document alteration:**

\* Authentic watermark not visible when held to light

\* VOID will appear when check is copied

\* Small type in signature line appears as dotted line when photocopied

\* Absence of "Original Document" varbiage on back of check

RS-03

\* Padlock design is a certification mark of the Check Payment Systems Association

\* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

### Student Information

Malika Freeman - ID#: 0279716

Check Date	Scholarship Name/Donor	Check Amount	Check #
8/27/2024	DuPage County	\$3,500.00	1197273
	TOTAL:	\$3,500.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
11/4/2024	Fall 2024	\$2,410.47	
	TOTAL:	\$2,410.47	

Total of payments received:	\$3,500.00
Total of funds paid to student:	\$2,410.47
<b>Difference owed to scholarship donor:</b>	<b>\$1,089.53</b>



**DUPAGE  
COUNTY**

Community  
Development  
630-407-6600  
Fax: 630-407-6601

Family Center  
422 N. County Farm Rd.  
Wheaton, IL 60187  
630-407-2450  
Fax: 630-407-2451

Housing Supports  
and Self-Sufficiency  
630-407-6500  
Fax: 630-407-6501

Intake and Referral  
630-407-6500  
Fax: 630-407-6501

Senior Services  
630-407-6500  
Fax: 630-407-6501



## COMMUNITY SERVICES

630-407-6500  
Fax: 630-407-6501  
[csprograms@dupagecounty.gov](mailto:csprograms@dupagecounty.gov)  
[www.dupagecounty.gov/community](http://www.dupagecounty.gov/community)

August 29, 2024

College of DuPage  
Attn: Scholarship Coordinator  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Dear Student Financial Services Office:

We are sending along a scholarship award for **Malika Freeman**, who was a recipient of the 2024 Community Services Block Grant Scholarship. The recipient was awarded **\$3,500.00** to be used towards her educational expense at **College of DuPage**. Enclosed you will find our agency's intended use affidavit that lists what the recipient can use the scholarship funds for from our scholarship award. All scholarship amounts must be spent by December 31, 2024.

If you have any questions regarding the enclosed documents, please call 1-800-942-9412 and ask to speak with Lisa Hamilton or Jennifer Komis.

Sincerely,

Lisa Hamilton  
Manager, Intake & Referral  
DuPage County Community Services

Jennifer Komis  
Coordinator, Intake & Referral  
DuPage County Community Services

Cc: Gina R. Stafford-Ahmed, Administrator, Intake & Referral  
Applicant File



**CSBG SCHOLARSHIP PROGRAM  
INTENDED USE OF SCHOLARSHIP AFFIDAVIT**

Applicant's Name: Melissa Freeman

Social Security Number: XXX-XX-7422

Student ID#: 0277716

I, Melissa Freeman

intend to use the CSBG Scholarship Grant in the following way(s):

Tuition and fees, books and supplies

**Remit Payment To:**

School Name: College of DuPage

School Mailing Address: 425 Favell Blvd., Glen Ellyn, IL 60137

Major: Surgical Technology

**Scholarship Award Amount: \$3,500**

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. Failure to submit required documents will result in negative action. Scholarship funds must be used within 90 - 120 days.

[Signature] 7/8/2024  
Signature Date

1244 McDowell Rd Unit # 102  
Address

Nashville, IL 60563  
City/State Zip Code

5000  
1650

CSBG  
2024



DUPAGE COUNTY  
TREASURER  
421 N. County Farm Road  
Wheaton, IL 60187

Check No. 1197273

COLLEGE OF DUPAGE, 425 FAWELL BLVD, ATTN: FINANCIAL AID OFFICE, GLEN ELLYN IL 60137  
Check Date: 08/27/2024  
Vendor #:10314

Invoice Number	Date	Description	Gross Amount	Discount	Net Amount Paid
081924MF	08/19/24	COD '24 SCHOLAR M FREEMAN	\$3,500.00	\$0.00	\$3,500.00
Totals			\$3,500.00	\$0.00	\$3,500.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. THE REVERSE SIDE OF THIS DOCUMENT SHOWS A SECURITY FEATURE.



DUPAGE COUNTY  
TREASURER  
Class C Accounts Payable  
421 N. County Farm Road  
Wheaton, IL 60187

1197273

08-27-2024

70-2390  
719

Fifth Third Bank  
BOLINGBROOK, IL

PAY EXACTLY

\*\*\*\*\*3,500

DOLLARS AND

00

CENTS

\$

\*\*\*\*\*3,500.00

VOID AFTER SIX MONTHS

TO THE  
ORDER OF  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ATTN: FINANCIAL AID OFFICE  
GLEN ELLYN IL 60137

COUNTY TREASURER

⑈01197273⑈ ⑈071923909⑈ 7231857058⑈

### Student Information

Ali Khak - ID#: 1696996

Check Date	Scholarship Name/Donor	Check Amount	Check #
9/6/2024	DuPage County	\$1,000.00	1197730
TOTAL:		\$1,000.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
9/30/2024	Fall 2024	\$927.00	
TOTAL:		\$927.00	

Total of payments received:	\$1,000.00
Total of funds paid to student:	\$927.00
Difference owed to scholarship donor:	\$73.00



**DUPAGE COUNTY**  
TREASURER  
Class C Accounts Payable  
421 N. County Farm Road  
Wheaton, IL 60187

**1197730**

09-06-2024

70-2390  
719

Fifth Third Bank  
BOLINGBROOK, IL

PAY EXACTLY

\*\*\*\*\*1,000

DOLLARS AND

00

CENTS

\$

\*\*\*\*\*1,000.00

VOID AFTER SIX MONTHS

TO THE  
ORDER OF

**COLLEGE OF DUPAGE**  
**425 FAWELL BLVD**  
**ATTN: FINANCIAL AID OFFICE**  
**GLEN ELLYN IL 60137**

*Shawn Henry*  
\_\_\_\_\_  
COUNTY TREASURER

MP

⑈01197730⑈ ⑆071923909⑆ 7231857058⑈





**DUPAGE  
COUNTY**

**Community  
Development**  
(630) 407-6600

**Family Center**  
422 N. County Farm Rd.  
Wheaton, IL 60187  
(630) 407-2450

**Housing Supports  
and Self-Sufficiency**  
(630) 407-6500

**Intake and Referral**  
(630) 407-6500

**Senior Services**  
(630) 407-6500

## COMMUNITY SERVICES

September 18, 2024

College of DuPage  
Attn: Scholarship Coordinator  
425 Fawell Blvd  
Glen Ellyn, IL 60137

Dear Student Financial Services Office:

We are sending along a scholarship award for **Ali Khak**, who was a recipient of the 2024 Community Services Block Grant Scholarship. The recipient was awarded **\$1,000.00** to be used towards her educational expense at **College of DuPage**. Enclosed you will find our agency's intended use affidavit that lists what the recipient can use the scholarship funds for from our scholarship award. All scholarship amounts must be spent by December 31, 2024.

If you have any questions regarding the enclosed documents, please call 1-800-942-9412 and ask to speak with Lisa Hamilton or Jennifer Komis.

Sincerely,

Lisa Hamilton  
Manager, Intake & Referral  
DuPage County Community Services

Jennifer Komis  
Coordinator, Intake & Referral  
DuPage County Community Services

Cc: Gina R. Strafford-Ahmed, Administrator, Intake & Referral  
Applicant File

**CSBG SCHOLARSHIP PROGRAM**  
**INTENDED USE OF SCHOLARSHIP AFFIDAVIT**

Applicant's Name: Ali Khak

Social Security Number: XXX-XX- 5297

Student ID#: \_\_\_\_\_

I, Ali Khak

intend to use the CSBG Scholarship Grant in the following way(s):

pay To pay for classes.

**Remit Payment To:**

School Name: College of DuPage

School Mailing Address: 425 Fawell Blvd, Glen Ellyn, IL 60137

Major: STEM

**Scholarship Award Amount: \$1,000**

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. Failure to submit required documents will result in negative action. Scholarship funds must be used within 90 – 120 days.

KAK 07,30 2024  
Signature Date

485 St Moritz Dr 1B  
Address

Glen Ellyn 60137  
City/State Zip Code

5000  
1650 CSBS 2024

### Student Information

Vanessa Castillo - ID#: 1049357

Check Date	Scholarship Name/Donor	Check Amount	Check #
9/8/2017	DuPage County	\$1,000.00	1052476
TOTAL:		\$1,000.00	
Funds Disbursed Date	Semester Paid	Amount Paid	
9/18/2017	Fall 2017	\$777.50	
TOTAL:		\$777.50	

Total of payments received:	\$1,000.00
Total of funds paid to student:	\$777.50
Difference owed to scholarship donor:	\$222.50



**DUPAGE  
COUNTY**

Community  
Development  
630-407-6600  
Fax: 630-407-6601

Family Center  
422 N. County Farm Rd.  
Wheaton, IL 60187  
630-407-2450  
Fax: 630-407-2451

Housing Supports  
and Self-Sufficiency  
630-407-6500  
Fax: 630-407-6501

Intake and Referral  
630-407-6500  
Fax: 630-407-6501

Psychological  
Services  
505 N. County Farm Rd.  
Wheaton, IL 60187  
630-407-6400  
Fax: 630-407-6401

Senior Services  
630-407-6500  
Fax: 630-407-6501

## COMMUNITY SERVICES

630-407-6500  
Fax: 630-407-6501  
csprograms@dupageco.org

[www.dupageco.org/community](http://www.dupageco.org/community)

College of DuPage  
Attn: Financial Aid  
425 Fawell Blvd  
Glen Ellyn, IL 60137

RE: Vanessa Castillo

Student ID #: 1049357

Enclosed is the Community Service Block Grant Scholarship check for \$1,000 that has been awarded to Vanessa Castillo from DuPage County Community Services. The student must use the scholarship funds as they are dictated in the enclosed "Intended Use Affidavit" that has been signed by the student and approved by our office.

All scholarships funds must be used by the end of the current calendar year and the student is responsible for submitting proof of scholarship fund use to our office.

If your office has any questions regarding the approved use or any issue or concerns, please contact either Bridget James or Lisa Hamilton at 1-800-942-9412 (toll-free).

Thank you,

Bridget James  
Manager, Intake and Referral  
DuPage County Community Services

Lisa Hamilton  
Coordinator, Intake and Referral  
DuPage County Community Services

Mail/Fax

SEP 15 2017

Student Financial Assistance



**CSBG SCHOLARSHIP PROGRAM**  
**INTENDED USE OF SCHOLARSHIP AFFIDAVIT**

Applicant's Name: Vanessa Castillo \$1,000 26 Aug 5000-1650 CSBG 1708A

Social Security Number: XXX-XX-1857

I, Vanessa Castillo, intend to use the CSBG Scholarship Grant in the following way(s):

\$675.00 for tuition, \$77.50 for  
course fees, \$200.00 class book / access code,  
\$47.50 gas money to resources (free internet sites & math help  
at C.O.D.)

Major: Engineering Science

Mail/Fax

Remit Payment To:

SEP 15 2017

School Name: College of DuPage

Student Financial Assistance

School Mailing Address:

425 Fawell Blvd. Glen Ellyn, IL 60137  
ATTN: Financial Aid Office

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. Failure to submit required documents will result in negative action. Scholarship funds must be used within 90 - 120 days.

Vanessa Castillo  
Signature

7-26-17  
Date

395 Executive Dr. APT. 205  
Address

Carol Stream, IL 60188  
City/State

Zip Code

20 AUG 2017



**DUPAGE COUNTY**  
TREASURER  
421 N. County Farm Road  
Wheaton, IL 60187

Check No. 1052476

Check Date: 09/08/2017

Vendor #:10314

**COLLEGE OF DUPAGE**, 425 FAWELL BLVD, ATTN: FINANCIAL AID OFFICE, GLEN ELLYN IL 60137

Invoice Number	Date	Description	Gross Amount	Discount	Net Amount Paid
082817VC	08/28/17	COD '17 SCHOLARSHIP VC	\$1,000.00	\$0.00	\$1,000.00
		Mail/Fax			
		SEP 15 2017			
		Student Financial Assistance			
<b>Totals</b>			<b>\$1,000.00</b>	<b>\$0.00</b>	<b>\$1,000.00</b>

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. THE REVERSE SIDE OF THIS DOCUMENT SHOWS A SECURITY FEATURE.



**DUPAGE COUNTY**  
TREASURER  
Class C Accounts Payable  
421 N. County Farm Road  
Wheaton, IL 60187

**1052476**

09-08-2017

70-2390  
719

Fifth Third Bank

PAY EXACTLY

\*\*\*\*\*1,000

DOLLARS AND

00

CENTS

\*\*\*\*\*1,000.00

Mail/Fax

VOID AFTER SIX MONTHS

SEP 15 2017

TO THE  
ORDER OF

**COLLEGE OF DUPAGE**  
**425 FAWELL BLVD**  
**ATTN: FINANCIAL AID OFFICE**  
**GLEN ELLYN IL 60137**

Student Financial Assistance

*Sharon Hanning*

COUNTY TREASURER

⑈01052476⑈ ⑆071923909⑆ 7231857058⑈