

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084317

Vendor Name: Dept of Veterans Affairs

Check Details:

Check Number: 0339541

Check Amount: \$ 187.47

Check Date: 6/3/2025

Invoice Details:

Invoice Number: 0044-060225

Invoice Date: 5/20/2025

PO Number: NULL

Voucher Number: V0886999

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: _____

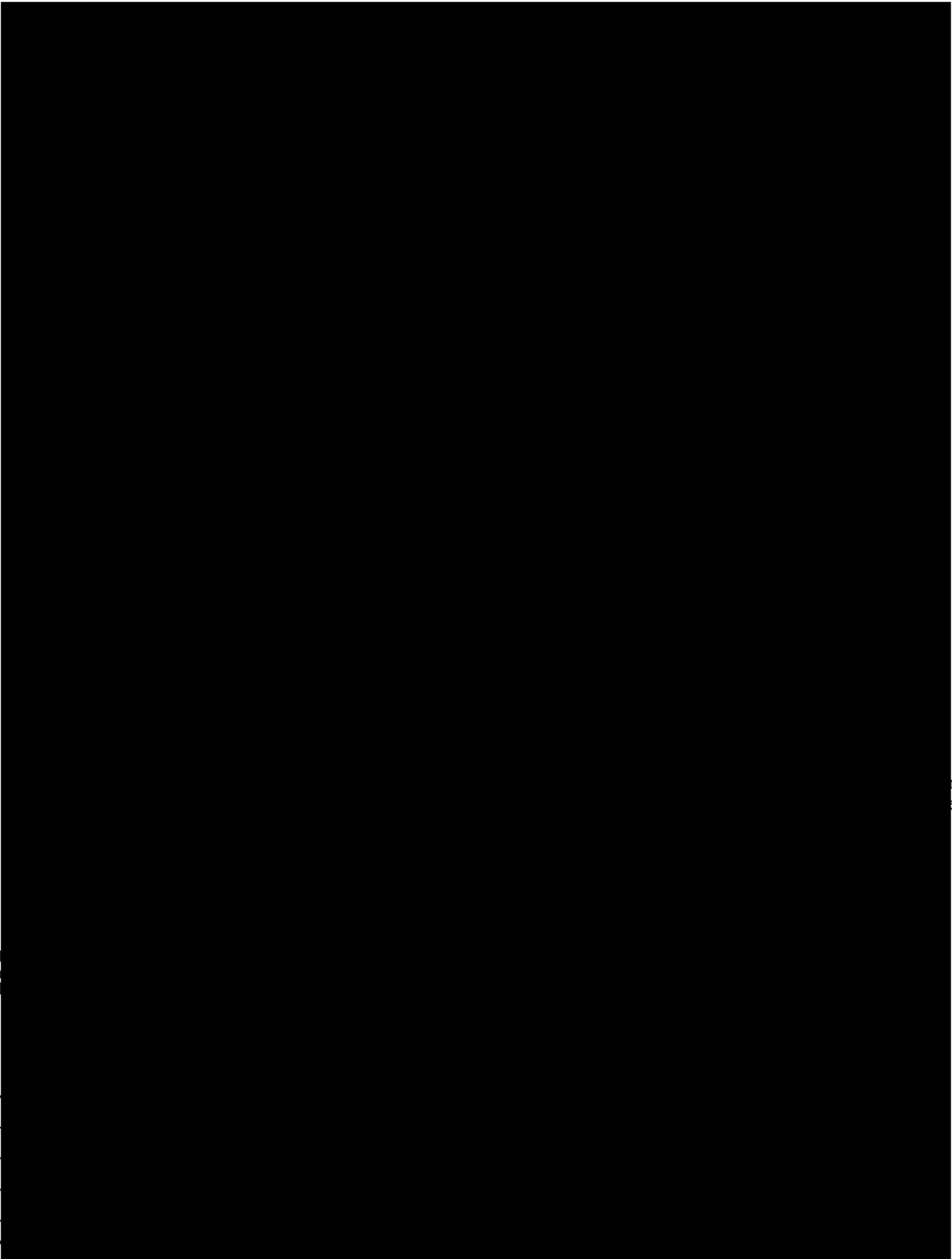
Next Level Supervisor (if applicable): _____ Print Name: _____

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



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FL

Thank you,

Kristen Bruhnke
Veterans Services Program Coordinator
College of DuPage

425 Fawell Blvd. | SSC 3387 | 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.





From: Thompson, Jaime <thompsonj1096@cod.edu>

Sent: Thursday, May 29, 2025 12:01 PM

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

Subject: Debt/Overpayment Letter

A large black rectangular redaction box covering the bottom portion of the email body.

Thank you.
Sincerely,

Jaime Thompson

Jaime Thompson

Veterans Certification Specialist

Phone: (630) 942-3851

Email: thompsonj1096@cod.edu

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

SSC 3379

veterans@cod.edu



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

Ch.33 Debt Check Request - 06.02.2025

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

Mon, Jun 2, 2025 at 06:40 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

College of DuPage

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

