Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1084317 **Vendor Name:** Dept of Veterans Affairs

Check Details:

Check Number: 0346116 **Check Amount:** $ 644.00 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: *****7601 **Invoice Date:** 11/3/2025 **PO Number:** NULL **Voucher Number:** V0912634

Document Type: AP Invoice

Document Below

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Accounts Payable Office

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

FIN-21-258590(8/21)

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[redacted]

[redacted]

Paul Annarella

Accounts Receivable Coordinator

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