

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1180530

Vendor Name: SURS-State Univ Retirement Sys

Invoice Number: 891189130

Invoice Date: 01/10/18

PO Number:

Check Number: E0065193

Check Amount: \$ 5,463.14

Check Date: 01/31/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0492300

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Fri Jan 26 08:28:53 CST 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: SURS 6% INVOICE [REDACTED]  
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-----Original Message----- From: Dietz, Teresa Sent: Thursday, January 25, 2018 4:39 PM To: Accounts Payable ; Zerrudo, Maria ; Cruse, Bethany Subject: SURS 6% INVOICE - Guzman Attached please find a 6% invoice and check request from SURS. Please process by the Payment Due date. I can forward the originals if needed. Thanks, Teresa Teresa Dietz Human Resources, Compensation Analyst College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 630-942-3492

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

## College of DuPage - Accounts Payable

Check Request Form

revised 3/27/17

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 1/23/2018

Vendor ID: 1180530

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
891189130	n/a	01	90	00835	5209006	SURS 6% Rule Payments	\$ 5,463.14

Grand Total \$ 5,463.14

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

☐ We, the undersigned, hereby certify that the goods/services, for which payment is being 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 being requested, have not yet been provided. If an approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: SURS (ACH)

Other  
Instructions:

Payee Address: PO Box 92424, Chicago, IL 60675-2424

Description on Check:

Over 6% for

## Approvals:

Prepared By: Teresa Dietz

Approved By:

Date:

Signature:

Signature:

Payment Due:

4/10/2018

Approved By:

Date:

Board Approved Date:

Approved By Division VP:

Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)



RECEIVED

1901 Fox Drive, Champaign, IL 61820-7333  
800-275-7877 • 217-378-8800 • (Fax) 217-378-9800  
www.surs.org

JAN 12 2018

HUMAN RESOURCES

January 10, 2018

Dear [REDACTED]

Pursuant to the passage of PA 94-0004, if a participant's earnings for any academic year used to determine their final rate of earnings exceeds the amount of their earnings for the previous year by more than 6%, the State Universities Retirement System is required to bill the employer for the present value of the increase of their benefits.

According to our records, the following member had an increase during their FRE period that was more than 6%.

This amount may be paid in a lump sum payment within 90 days of the date of this bill. If payment is not received (postmarked) by 04-10-2018, interest may be charged at the prescribed rate, compounded annually until payment is received. Payments must be concluded within 3 years after your receipt of this bill.

If you, as the employer, dispute the amount of the bill, you may file a request for recalculation within 30 days of the date of this bill. The request must be submitted on the enclosed application, mailed to SURS and postmarked by 02-09-2018. The application must specify the grounds of the dispute and should include true and correct copies of any pertinent supporting documentation. Original documents should be submitted. No facsimiles or emails will be accepted.

*All aspects of administration of the State Universities Retirement System (SURS), including but not limited to benefit calculation and payment, must comply with state and federal law. No employee of SURS has the authority to bind the System to take action contrary to law, even in the event of misstatement of fact or law. Furthermore, while this letter states SURS's current understanding of the law, this could change as a result of court opinions, statutory changes, or other matters (e.g., Attorney General opinions). Accordingly, SURS is required under law to correct any mistake in benefit amount, even after payments have begun. Use of any information from this letter, form, or any other document provided by SURS is for general information only and does not represent personal tax or legal advice either express or implied. You must seek professional legal or tax advice for personal income tax questions and other legal assistance.*