

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1186052
Vendor Name: Amalgamated Bank of Chicago
Invoice Number: DUPAGE CCD 5022006
Invoice Date: 07/01/18
PO Number:
Check Number: 0237839
Check Amount: \$ 200.00
Check Date: 08/15/2018
Department ID: 00853
Reviewer Name:
Voucher Number: V0522116
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

V522116

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

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: 8/8/2018
Vendor ID: 1186052

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
1-Jul-18		04	90	00853	5909001	Other Expenditure	\$ 200.00

AP VERIFIED

08/15/18 - MARIA ZERRUDO

Check the appropriate box below and sign

- ☒ 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.

Payee Name: Amalgamated Bank Corporate Trust
Dept.

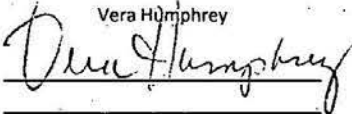
Other Instructions: Return check to Vera Humphrey

Payee Address: P.O. Box 94445, Chicago, IL 60690

Description on Check:

Series 2006 - Registrar and paying agent. 1/1/18 through 6/30/18.

Approvals:

Prepared By: Vera Humphrey
Signature: 
Payment Due:

Approved By: Date:
Signature:
Approved By: Date:

Board Approved Date:

Signature: Brian W. Caputo Date: 8/8/18
Approved By Division VP: Brian W. Caputo

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

AMALGAMATED BANK OF CHICAGO

Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

INVOICE

Mail to: College of DuPage
Attn: Chief Financial Officer
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Date: July 1, 2018
Trust: 1853899005CT
Name: DUPAGE CCD 502 2006

dict #
04-90-00853-590901

FOR SERVICES RENDERED AS:

Registrar and Paying Agent

ISSUE DESCRIPTION:

DUPAGE CCD 502 2006

FEES DUE

ADMINISTRATIVE FEE

08/07/18 - BRIAN CAPUTO

Semi-Annual:

For period 1/1/18 through 6/30/18

\$ 200.00

TOTAL AMOUNT DUE:

\$ 200.00

PAYMENT INSTRUCTIONS:

Please make checks payable to Amalgamated Bank of Chicago and return a copy of this bill with your remittance to ensure proper credit. If you have any questions, please contact the Corporate Trust Department at 312-822-3289.