

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084317

Vendor Name: Dept of Veterans Affairs

Invoice Number: 335906248

Invoice Date: 07/19/18

PO Number:

Check Number: 0237911

Check Amount: \$ 960.00

Check Date: 08/15/2018

Department ID: 08703

Reviewer Name:

Voucher Number: V0521564

Redaction Type: FERPA

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

Document Below

Please do not mail. Call for pickup

Please do not mail. Call for pickup

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: 7/19/2018
Vendor ID: 1084317

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
335906248		06	91	08703	4309001	Other Federal Govt Sources	\$ 960.00

Grand Total

\$ 960.00

AP VERIFIED

07/24/18 - BETHANY CRUSE

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: Dept of Veterans Affairs
Debt Management Center Bishop
Henry Whipple Federal BLD PO
Box 11930 ST Paul,
Payee Address: MN 55111-0930

Other Instructions: Give to Jon Powell (Ext. 3946)

Description on Check:

AJKNAS - VA Overpayment to [REDACTED]

Approvals:

Prepared By: Jon Powell
Signature: [Signature]
Payment Due: 7/19/2018
Board Approved Date: _____

Reviewed By: M. RESNICK Date: 07/19/18
Signature: [Signature]
Approved By: [Signature] Date: 7/19/18
Signature: _____
Approved By Division VP: _____
Signature: _____

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

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07.07.18
0.334

Powell, Jonathan

From: Bruhnke, Kristen
Sent: Thursday, July 19, 2018 4:36 PM
To: Powell, Jonathan
Subject: RE: Debt Letter Confirmation

Hi Jon,

Yes, please pay the debt letter. Tuition and fees reported to the VA were adjusted due to MAP.

Thanks and have a great weekend!

Kristen Bruhnke
Veterans Certification Specialist
College of DuPage

425 Fawell Blvd. | SSC 2225J | Glen Ellyn, IL 60137-6599 | USA
phone 630.942.3852 | fax 630.942.4991 | bruhnkek@cod.edu

From: Powell, Jonathan
Sent: Thursday, July 19, 2018 2:22 PM
To: Bruhnke, Kristen <bruhnkek@cod.edu>
Subject: Debt Letter Confirmation

Good afternoon Kristen,

We received a debt letter for the student listed below. Can you confirm that the debt letter is correct?

ID	Student Name	Term	Debt Amount
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Thanks!

Jon Powell
Student Accounts Receivable Coordinator
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone 630.942.3946 | Fax 630.942.2297



DEPARTMENT OF VETERANS AFFAIRS
Debt Management Center
Bishop Henry Whipple Federal Building
P.O. Box 11930
St. Paul, MN 55111-0930

JULY 6, 2018

000001353

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181 SP 0.470



COLLEGE OF DUPAGE
425 FAWELL BLVD SRC 2015
GLEN ELLYN, IL 60137

File Number: 335906248

Payee Number: 00

Person Entitled:

Deduction Code: 75

E-Mail Address: dmcedu.vbaspl@va.gov

(Please provide the information above
on any e-mail correspondence)

You were previously notified that education benefits for [REDACTED] were adjusted resulting in the creation of a debt. The balance on that account is now \$ 960.00. The Department of Veterans Affairs (VA) notified schools in April 2009 and again in January 2011 of circumstances where schools would be held responsible for refunding tuition, fees and Yellow Ribbon payments to the VA. Those circumstances are summarized on the back of this letter. If you already sent funds to the VA for payment of this account, please advise this office where you sent the payment, and provide the amount and the date of the payment. If you have a copy of the cancelled check, please provide this office with a copy of the front and back of the check. If you have not returned the funds to the VA and sent the funds to the Veteran in error, you are responsible for the debt. Refunding money to the Veteran does not automatically transfer your liability of the debt to the Veteran unless you specifically followed the instructions on the back of this letter. If you dispute the debt, you should explain why you refunded monies to the Veteran and did not return them to the VA. Your payment options are listed on the back of this letter.

WHAT WILL HAPPEN IF YOU IGNORE THIS LETTER?

We may refer your account to the Department of the Treasury for further collection, which will include offset of any federal payment to which you are entitled. In addition, the Department of the Treasury may refer your account to private collection agencies, which will result in additional fees, interest and penalties being added to the balance.

WHERE DO YOU CALL IF YOU HAVE QUESTIONS REGARDING THIS LETTER?

If you have questions regarding payment of the debt, you should contact the VA Debt Management Center at 1-800-827-0648. Our office hours are 6:30 AM to 8:00 PM Central Time. Visit www.va.gov/debtman for Saturday availability. Please note that we experience our highest call volumes on Mondays and throughout the first week of each month. By avoiding these peak times, you will minimize your wait time. Your call may be monitored to ensure quality information. You can also contact us via e-mail at dmcedu.vbaspl@va.gov. If you have questions regarding specific Veterans or payments, please submit a separate inquiry for each.

Chief, Operations Division

FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT

 Department of Veterans Affairs	2018187	PAYMENT REMITTANCE
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335906248007501101114011927 335906248 0075 01101114011927 0096000 4

* FILE NO.	▶ 335906248	AMOUNT ENCLOSED	ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT. PLEASE INCLUDE YOUR ZIP CODE.
PAYEE NO.	▶ 00	\$	
PERSON ENTITLED	▶ [REDACTED]	YOUR TELEPHONE NO. (Include Area Code)	
DEDUCTION CODE	▶ 75		
* Please include this number on your check or money order.			

1084317

08/15/2018

0237911

335906248

V0521564

VA OVERPAYMENT

0691087034309001

960.00

[Handwritten vertical line]

[Handwritten vertical line]

[Handwritten vertical line]

[Handwritten signature]

960.00

0237911

PAY ONLY NINE HUNDRED SIXTY AND 00/100 DOLLARS

08/15/2018

\$*****960.00

Dept of Veterans Affairs
Dept. Management Center
PO Box 11930
Saint Paul MN 55111-0930