

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084317

Vendor Name: Dept of Veterans Affairs

Invoice Number: 080718

Invoice Date: 08/07/18

PO Number:

Check Number: 0237913

Check Amount: \$ 752.50

Check Date: 08/15/2018

Department ID: 08703

Reviewer Name:

Voucher Number: V0522848

Redaction Type: Other

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: 8/7/2018
Vendor ID: 1084317

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
354887666		06	91	08703	4309001	Other Federal Govt Sources	\$ 752.50

Grand Total \$ 752.50

AP VERIFIED

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:

VA Overpayment for [REDACTED] - 2018SP Chpt 33

Approvals:

Prepared By: Jon Powell
Signature: [Signature]
Payment Due: 8/7/2018
Board Approved Date:

Reviewed By: Michelle Resnick Date: 08/07/18
Signature: [Signature]
Approved By: Scott Brady Date: 8/7/18
Signature: [Signature]
Approved By Division VP: [Signature]
Signature: [Signature]

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



1084317

2848

08/15/2018

0237913

080718

V0522848

VA overpay. E.Mendez

0691087034309001

752.50

A handwritten signature in black ink, appearing to be 'E. Mendez', is written in the center of the page.

752.50

0237913

PAY ONLY SEVEN HUNDRED FIFTY TWO AND 50/100 DOLLARS

08/15/2018

\$*****752.50

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