

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicag

Invoice Number: 1854592003/080118

Invoice Date: 08/01/18

PO Number:

Check Number: 0238314

Check Amount: \$ 300.00

Check Date: 08/21/2018

Department ID: 00853

Reviewer Name:

Voucher Number: V0522498

Redaction Type: Other

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

Document Below

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: 8/17/2018
Vendor ID: 1186052

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
8/1/2018		04	90	00853	5909001	Other Expenditure	\$ 300.00
Grand Total							\$ 300.00

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. 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:

Trust 1854592003. Series 2011B. Registrar and Paying Agent for period 8/1/18 through 7/30/19.

Approvals:

Prepared By: Vera Humphrey

Approved By:

Date:

Signature: Vera Humphrey

Signature:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature: Brian W. Caputo

Approved By Division VP:

Brian W. Caputo

Date: 8/17/18

Signature:

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

V522498

REC'D

AMALGAMATED BANK OF CHICAGO

Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

8.8.18

C.O.D.

INVOICE

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

Date: August 1, 2018



FOR SERVICES RENDERED AS:

Registrar and Paying Agent

ISSUE DESCRIPTION:

Community College of DuPage District #502
General Obligation Refunding Bonds (ARS), Series
2011B

G/L #04-90-00853-5909081

FEES DUE

ANNUAL ADMINISTRATIVE FEE:

For period 8/1/18 through 7/30/19

\$300.00

TOTAL AMOUNT DUE:

\$300.00

APPROVED

08/13/18 - BRIAN CAPUTO

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.

1186052

08/21/2018

0238314

1854592003

V0522498

Trust 1854592003

0490008535909001

300.00

One Hundred

300.00

0238314

PAY ONLY THREE HUNDRED AND 00/100 DOLLARS

08/21/2018

\$*****300.00

Amalgamated Bank of Chicago
Corporate Trust Dept.
PO Box 94445
Chicago IL 60690-4445

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

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Dept

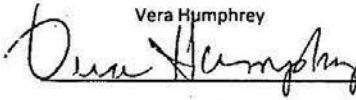
Other Instructions: Return check to Vera Humphrey


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

Description on Check:

Registrar and Paying Agent for period 8/1/18 through 7/30/19.

Approvals:

Prepared By: Vera Humphrey
Signature: 
Payment Due: _____
Board Approved Date: _____

Approved By: _____ Date: _____
Signature: _____
Approved By: _____ Date: _____
Signature:  8/17/18
Approved By Division VP: Brian W. Caputo Date: _____
Signature: _____

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

V522498

REC'D

AMALGAMATED BANK OF CHICAGO

Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

0.010

0.00.

INVOICE

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

Date:
Trust:
Name:

August 1, 2018

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Registrar and Paying Agent

ISSUE DESCRIPTION:

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General Obligation Refunding Bonds (ARS), Series
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G/L #04-90-00853-5909001

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