

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1186052
Vendor Name: Amalgamated Bank of Chicag
Invoice Number: 1854591004/080118
Invoice Date: 08/01/18
PO Number:
Check Number: 0238879
Check Amount: \$ 300.00
Check Date: 08/29/2018
Department ID: 00849
Reviewer Name:
Voucher Number: V0523381
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

1186052

0010

08/29/2018

0238879

1854591004

V0523381

Annual Administrative fee

0490008495909001

300.00

Dea Humphreys

300.00

0238879

PAY ONLY THREE HUNDRED AND 00/100 DOLLARS

08/29/2018

\$*****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

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: 8/20/2018
Vendor ID: 1186052

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
8/1/2018 Series 2011A		04	90	00849	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 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:

Trust 1854591004. Series 2011A. Registrar and Paying Agent for period 8/1/18 through 7/30/19.

Approvals:

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

Approved By: _____ Date: _____
Signature: _____
Approved By: _____ Date: _____
Signature: Brian W. Caputo 8/20/18
Approved By Division VP: _____ Date: _____
Signature: _____

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

V 523381

AMALGAMATED BANK OF CHICAGO

Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

INVOICE

1186052/00853

Mail to:

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

Date:

August 1, 2018

Trust:

1854591004

Name:

DUPAGE CCD #502- 2011A

FOR SERVICES RENDERED AS:

Registrar and Paying Agent

ISSUE DESCRIPTION:

Community College of DuPage District #502
General Obligation Community College Bonds,
Series 2011A

FEES DUE

G/L # 04-90-00849-
5909001

ANNUAL ADMINISTRATIVE FEE:

For period 8/1/18 through 7/31/19

\$ 300.00

Brian W. Caputo

Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs

TOTAL AMOUNT DUE:

\$300.00

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.