

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0569308

Vendor Name: Mr David S. Hallberg

Invoice Number: 102418

Invoice Date: 10/24/18

PO Number:

Check Number: 0244526

Check Amount: \$ 502.55

Check Date: 11/14/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0540458

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: 10/24/2018

Vendor ID: _____

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	00	00000	2300008	Imprest - Aged Uncashed	\$ 502.55
Grand Total							\$ 502.55

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.

☐ As 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 during when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: _____

Other
Instructions: _____

Payee Address: _____

Description on Check: _____

Reissue Payroll Check 35863 dated 9/23/11

Approvals:

Prepared By: _____

Kevin Hickey

Signature: _____

Payment Due: _____

Board Approved Date: _____

Approved By: _____

Signature: _____

Approved By: _____

Signature: _____

Approved By Division VP: _____

Signature: _____

Date: _____

Date: _____

Date: _____

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

August 16, 2018

Dear 

Our records indicate that the following check was issued by the College of DuPage and remains uncashed:

Check #: 35863

Amount: \$502.55

Date: 9/23/2011

Please complete the following, indicating the status of the check, and return this letter to the address listed below.

☐ This check was received and cashed on _____ (date if known).


☐ The original check was not cashed and a replacement was received.

☐ I am not entitled to this check.

☒ **THIS ORIGINAL CHECK WAS NOT CASHED AND NEEDS TO BE REPLACED.**

This form will serve as our authorization to reissue a new check to you within four to six weeks after receiving this letter, less the cost of mailing, via **The Illinois Unclaimed Property Act (765 ILCS 1025/15-501)**.

IF WE DO NOT RECEIVE YOUR RESPONSE BY 10/15/18, WE ARE MANDATED TO REMIT THIS MONEY TO THE STATE OF ILLINOIS AS ABANDONED PROPERTY.

Signature: 

Last 4 digits of:

Current Address:

If you have any questions, please do not hesitate to contact Kevin Hickey at (630) 942-2259.

Mail To:

College of DuPage

Financial Affairs, SRC Room 2130

Attn: Kevin Hickey

425 Fawell Blvd

Glen Ellyn, IL 60137