

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0181937

Vendor Name: Ms Rory Norton

Invoice Number: 102418

Invoice Date: 10/24/18

PO Number:

Check Number: 0244617

Check Amount: \$ 16.49

Check Date: 11/14/2018

Department ID: 0000

Reviewer Name:

Voucher Number: V0540446

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	\$ 16.49

Grand Total

\$ 16.49

AP VERIFIED**10/26/18 - 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:

Other
Instructions:

Payee Address:

Description on Check:

Reissue Payroll Check 27427 dated 8/27/10

Approvals:

Prepared By:

Kevin Hickey

Approved By:

Date:

Signature:

Signature:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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 #: 27427

Amount: \$16.49

Date: 8/27/2010

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.

Signature _____

Last 4 digits _____

Current Address _____

If you have _____

Mail To:

College of DuPage

Financial Affairs, SRC Room 2130

Attn: Kevin Hickey

425 Fawell Blvd

Glen Ellyn, IL 60137