

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0369750

Vendor Name: Ms Katherine B. Sharp-Belle

Invoice Number: 101118

Invoice Date: 10/11/18

PO Number:

Check Number: 0244676

Check Amount: \$ 293.27

Check Date: 11/14/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0535318

Redaction Type: FERPA

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: 10/11/2018

Vendor ID: \_\_\_\_\_

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	00	00000	2300009	SIS - Aged Uncashed	\$ 293.27
<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <b>AP VERIFIED</b>  <b>10/22/18 - ROBERT MAREK</b> </div>							
Grand Total							\$ 293.27

## 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 approval 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 #1823 dated 2/24/18

## Approvals:

Prepared By:

Kevin Hickey

Approved By: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date:

Board Approved Date: \_\_\_\_\_

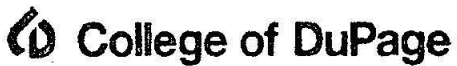
Signature: \_\_\_\_\_

Approved By Division VP: \_\_\_\_\_

Date:

Signature: \_\_\_\_\_

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



Financial Affairs

425 Fawell Blvd.  
Glen Ellyn, Illinois 60137-6599

[cod.edu](http://cod.edu)

August 16, 2018

Dear [REDACTED],

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

Check #: 1823

Amount: \$293.27

Date: 2/24/2012

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: [REDACTED]

Date: 8-22-18

Last 4 digits of your Social Security # (if applicable): [REDACTED]

Current Address: [REDACTED]

If you have any questions, please do not hesitate to contact Kevin Hickey at (630) 942-2239.

Mail To:

College of DuPage

Financial Affairs, SRC Room 2130

Attn: Kevin Hickey

425 Fawell Blvd

Glen Ellyn, IL 60137