

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 0727939
Vendor Name: Ms Alison R. Tazelaar
Invoice Number: 101118
Invoice Date: 10/11/18
PO Number:
Check Number: 0244688
Check Amount: \$ 32.30
Check Date: 11/14/2018
Department ID: 00000
Reviewer Name:
Voucher Number: V0540187
Redaction Type: FERPA
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

revised 12/18/17

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	\$ 32.30
<div style="border: 2px solid blue; padding: 10px; margin: 10px auto; width: fit-content;"> <p>AP VERIFIED</p> <p>10/23/18 - ROBERT MAREK</p> </div>							
							\$ 32.30

☒ 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 #3629 dated 5/18/12

Approvals:

Prepared By:

Kevin Hickey

Approved By: _____

Date: 10/12/18

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 #: 3629

Amount: \$32.3

Date: 5/18/2012

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: 

Date: 9/3/18

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

Current Address: 

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