

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1318456

Vendor Name: James R. Uhlen

Invoice Number: 101118

Invoice Date: 10/11/18

PO Number:

Check Number: 0244696

Check Amount: \$ 283.01

Check Date: 11/14/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0535324

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	\$ 283.01
<b>AP VERIFIED</b>							
						Grand Total	\$ 283.01

☒ 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 #13965 dated 12/23/13

**Approvals:**

Prepared By: Kevin Hickey

Approved By: D. Virgilio

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](mailto: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 #: 13965**

**Amount: \$283.01**

**Date: 12/23/2013**

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: 08/27/2018

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