

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1180535

Vendor Name: IDES-Magnetic Media Unit

Invoice Number: 0808655 3Q 2018

Invoice Date: 11/12/18

PO Number:

Check Number: 0244773

Check Amount: \$ 65,710.00

Check Date: 11/16/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0542599

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: duffeym@cod.edu
Sent: Tue Nov 13 15:16:40 CST 2018
To: invoicing@cod.edu
CC:
Subject: IDES - 3rd Quarter

Good afternoon,

Attached please find a signed check request along with a Statement of Account from IDES (Illinois Department of Unemployment Security). Please process this payment.

If you have any questions, or if you need any other information from me, please let me know.

Thank you,

Mary Jo Duffey

Human Resources
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
duffeym@cod.edu
Phone: 630-942-2051

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately.

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

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: 11/12/2018
Vendor ID: 1180535

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	90	00835	5204001	Unemployment Insurance Exps	\$ 65,710.00

Grand Total

\$ 65,710.00

AP VERIFIED

--- \$1,000 and Greater: Approval of Division Vice President Required ---

11/16/18 - 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: IDES - Illinois Dept. of Unemployment Security

Other Instructions: _____

Payee Address: P.O. Box 19299
Springfield, IL 62794-9299

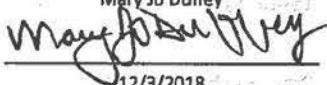
Description on Check:

College of DuPage 3rd Quarter (7/1/2018 - 9/30/2018)

Account # 808655

DC # 684001215

Approvals:

Prepared By: Mary Jo Duffey
Signature: 
Payment Due: 12/3/2018
Board Approved Date: _____

Approved By: Alex Farnock Date: 11-13-18
Signature: 
Approved By: Maria Leganto Date: 11/13/18
Signature: 
Approved By Division VP: Maria Leganto Date: _____
Signature: _____

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

State of Illinois
Department of Employment Security

FAX: (630) 844-5036

NORTHERN REGION (630) 844-8455

2 SMOKE TREE PLAZA

NORTH AURORA IL 60542

808655

COLLEGE OF DUPAGE

C/O CORPORATE COST CONTROL, INC

PO BOX 1180

LONDONDERRY NH 03053-1180

RECEIVED

NOV 07 2018

HUMAN RESOURCES

STATEMENT OF AMOUNT DUE FOR
BENEFITS PAID

DURING PERIOD FROM: JUL 01, 2018 TO SEP 30, 2018

MAILING DATE: NOV 02, 2018

APPLICATION FOR REVISION OF STATEMENT OF
AMOUNT DUE FOR BENEFITS PAID

(AMOUNT DUE PROTEST)

MUST BE FILED BY: NOV 22, 2018

PAYMENT DUE BY: DEC 03, 2018,

INTEREST ACCRUES AFTER THIS DATE.

PAGE 1 OF 3

Social Security Number	Claimant Name	LO	Benefit Year Begin	BP End Q/YR	Plant Code	Current WBA	Current Spouse Depend Allow	Weeks Charged	Period Paid/Adjusted		Total Benefits Paid	Your Share	
									From	To		%	Amount
CURRENT QUARTER AMOUNT DUE 3/2018													
		22	07/01/2018	1/2018		458.00		4	07/08/2018	08/04/2018	1832.00	100	1832.00
		14	07/15/2018	1/2018		458.00		9	07/22/2018	09/22/2018	4122.00	50	2061.00
		22	04/22/2018	4/2017		458.00		14	06/17/2018	09/22/2018	6412.00	100	6412.00
		22	06/10/2018	4/2017		425.00		8	07/15/2018	08/04/2018	1275.00	100	1275.00
		14	06/10/2018	4/2017		458.00		1	06/24/2018	06/30/2018	458.00	100	458.00
		22	05/20/2018	4/2017		458.00		12	06/17/2018	09/08/2018	5378.00	100	5378.00
		22	04/22/2018	4/2017		300.00		14	06/17/2018	09/22/2018	3315.00	100	3315.00
		22	06/03/2018	4/2017		400.00		14	06/17/2018	09/22/2018	5600.00	100	5600.00
		22	07/01/2018	1/2018		458.00	169.00	4	07/08/2018	08/04/2018	2508.00	100	2508.00
		14	07/01/2018	1/2018		458.00	169.00	11	07/08/2018	09/22/2018	6897.00	50	3448.50
		22	06/03/2018	4/2017		458.00	169.00	14	06/17/2018	09/22/2018	8278.00	80	4369.00
		14	01/14/2018	3/2017		370.00		11	06/17/2018	09/01/2018	3695.00	100	3695.00
		22	03/25/2018	3/2017		353.00		14	06/17/2018	09/22/2018	4942.00	50	2471.00
		22	12/31/2017	2/2017		335.00	123.00	3	06/17/2018	07/07/2018	1374.00	100	1374.00
		14	05/27/2018	4/2017		51.00	26.00	4	06/24/2018	07/21/2018	546.00	100	546.00

INSTRUCTIONS FOR THE STATEMENT OF AMOUNT DUE FOR BENEFITS PAID

Effective July 1, 1989, the Unemployment Insurance Act changed the method that reimbursable employers are charged. For all benefit years beginning on July 1, 1989 and after, if a reimbursing employer is both the last employer and a base period employer, they are charged for 100% of the regular benefits paid to a claimant, and 50% of extended benefits (except local governments for whom the charge is 100%). If the employer is a last employer only and not a base period employer, they are charged 50% of the regular benefits paid to a claimant, and 25% of extended benefits (except local governments for whom the charge is 50%). If an employer has recently become reimbursing and previously paid the quarterly tax on all employees, they are charged according to their status at the time a benefit year is established.

On the reverse side of this form is the detail for amounts due and any adjustments made during the current quarter and establishes the protest rights to the listed amount due.

The three sections of the statement are:

1. Amounts Due for Current Quarter
2. Amounts Due for Prior Quarters
3. Amounts Due Cancellations for Prior Quarters

The last two sections list all prior quarter activity. These sections replace daily adjustment notices.

Current Quarter Amount Due reflects in detail all activity and amounts due for your account during the designated calendar quarter. The worker or former worker is identified by social security number and name, the claimant's weekly benefit amount and dependents' allowance as of the date this statement was generated, the period paid and total amount due for the weeks paid.

Prior Quarter Amount Due identifies the amount due for benefits paid in an earlier quarter and not previously charged. These amounts will accrue interest from the same date as current quarter charges.

Prior Quarter Cancellations lists all credits to amounts due on prior statements. This includes adjustments, cancellations and recoupments for those prior amounts.

Total Amount Due is the sum of current quarter amount due and prior quarter amount due. Pay this amount unless your account is paid in full and there are cancellations listed on this statement. If your account is paid in full and there are cancellations, see Net Amount Due.

Net Amount Due is the Total Amount Due minus cancellations. Pay this amount only if you have paid all prior amounts due on your account. Credit for a cancellation on a current statement can only be taken if the amount due was previously paid. If the Net Amount Due is negative, you may request a refund by submitting an Employer Claim for Credit or Refund, UI-28. Your payment must be made not later than thirty (30) days from the mailing date of this statement. Checks should be made payable to "Illinois Director of Employment Security" and mailed with the attached payment coupon. Interest accrues on any sums not paid by the due date, at a rate of 2% per month. Payment received more than 30 days after the due date is deemed to have been received on the last day of the month preceeding the month in which the payment was received, except for the first 30 days, which accrues on a daily basis.

If you wish to protest any amount due, the enclosed Application for Revision of Statement of Amount Due for Benefits Paid (protest form) should be used. Please identify the claimant on the protest form, select a protest code from the standardized list of codes and include the appropriate documentation. Mail to the address shown on the form or you may fax your protest to the fax number shown on this form. If you protest any amount due you must still pay that amount or interest will start to accrue as stated above.

Adjustments or cancellations of Amounts Due as a result of your Application for Revision will be reflected on your next quarterly statement.

Section 1404(B) of the Unemployment Insurance Act provides that if no application for revision of this statement is filed within 20 days from the date of its mailing, the statement shall be final and conclusive upon you for all purposes.

This statement does not include any penalties, if any, for failure to file reports of wages paid (Employer's Contribution and Wage Report - Form UI-3/40) as required by Section 1402 of the Illinois Unemployment Insurance Act.

808655

COLLEGE OF DUPAGE
C/O CORPORATE COST CONTROL, INC
PO BOX 1180
LONDONDERRY NH 03053-1180

DURING PERIOD FROM: JUL 01, 2018 TO SEP 30, 2018

MAILING DATE: NOV 02, 2018

APPLICATION FOR REVISION OF STATEMENT OF
AMOUNT DUE FOR BENEFITS PAID
(AMOUNT DUE PROTEST)

MUST BE FILED BY: NOV 22, 2018

PAYMENT DUE BY: DEC 03, 2018

INTEREST ACCRUES AFTER THIS DATE

PAGE 2 OF 3

Social Security Number	Claimant Name	LO	Benefit Year Begin	BP End Q/YR	Plant Code	Current WBA	Current Spouse Depend Allow	Weeks Charged	Period Paid/Adjusted		Total Benefits Paid	Your Share %	Share Amount
									From	To			
		22	06/03/2018	4/2017		458.00	169.00	1	06/17/2018	06/23/2018	627.00	100	627.00
		22	06/03/2018	4/2017		458.00	169.00	2	07/01/2018	07/14/2018	1254.00	100	1025.00
		22	06/03/2018	4/2017		458.00	169.00	9	07/22/2018	09/22/2018	5562.00	100	5552.00
		22	06/03/2018	4/2017		322.00	120.00	7	06/18/2018	07/28/2018	3094.00	100	3094.00
		22	04/22/2018	4/2017		458.00		14	06/17/2018	09/22/2018	6412.00	100	6412.00
		22	06/24/2018	4/2017		182.00		9	07/15/2018	09/15/2018	1566.00	100	1566.00
		22	01/21/2018	3/2017		458.00	169.00	5	06/24/2018	07/28/2018	3135.00	100	3135.00
		22	11/06/2016	2/2016		414.00		1	09/17/2017	09/23/2017	19.00	50	9.50
TOTAL CURRENT QUARTER CHARGES:						3/2018							66,183.00
TOTAL REGULAR BENEFITS:						66,183.00			TOTAL EXTENDED BENEFITS:		0.00		

PRIOR QUARTER AMOUNT DUE

AMOUNT DUE FOR PRIOR QUARTER 2/2018

THIS AMOUNT DUE IS DUE TO A REDETERMINATION

		22	06/03/2018	4/2017		458.00	169.00	1	06/10/2018	06/16/2018	0.00		627.00
TOTAL PRIOR QUARTER CHARGES:						2/2018							627.00

PRIOR QUARTER CANCELLATIONS

AMOUNT DUE CANCELLATIONS FOR PRIOR QUARTER 1/2015

THIS CANCELLATION IS DUE TO A RECOUPMENT

		22	12/21/2014	2/2014		355.00		1	12/28/2014	01/03/2015	0.00		-35.00
TOTAL PRIOR QUARTER CANCELLATIONS:						1/2015							-35.00

INSTRUCTIONS FOR THE STATEMENT OF AMOUNT DUE FOR BENEFITS PAID

Effective July 1, 1989, the Unemployment Insurance Act changed the method that reimbursable employers are charged. For all benefit years beginning on July 1, 1989 and after, if a reimbursing employer is both the last employer and a base period employer, they are charged for 100% of the regular benefits paid to a claimant, and 50% of extended benefits (except local governments for whom the charge is 100%). If the employer is a last employer only and not a base period employer, they are charged 50% of the regular benefits paid to a claimant, and 25% of extended benefits (except local governments for whom the charge is 50%). If an employer has recently become reimbursing and previously paid the quarterly tax on all employees, they are charged according to their status at the time a benefit year is established.

On the reverse side of this form is the detail for amounts due and any adjustments made during the current quarter and establishes the protest rights to the listed amount due.

The three sections of the statement are:

1. Amounts Due for Current Quarter
2. Amounts Due for Prior Quarters
3. Amounts Due Cancellations for Prior Quarters

The last two sections list all prior quarter activity. These sections replace daily adjustment notices.

Current Quarter Amount Due reflects in detail all activity and amounts due for your account during the designated calendar quarter. The worker or former worker is identified by social security number and name, the claimant's weekly benefit amount and dependents' allowance as of the date this statement was generated, the period paid and total amount due for the weeks paid.

Prior Quarter Amount Due identifies the amount due for benefits paid in an earlier quarter and not previously charged. These amounts will accrue interest from the same date as current quarter charges.

Prior Quarter Cancellations lists all credits to amounts due on prior statements. This includes adjustments, cancellations and recoupments for those prior amounts.

Total Amount Due is the sum of current quarter amount due and prior quarter amount due. Pay this amount unless your account is paid in full and there are cancellations listed on this statement. If your account is paid in full and there are cancellations, see Net Amount Due.

Net Amount Due is the Total Amount Due minus cancellations. Pay this amount only if you have paid all prior amounts due on your account. Credit for a cancellation on a current statement can only be taken if the amount due was previously paid. If the Net Amount Due is negative, you may request a refund by submitting an Employer Claim for Credit or Refund, UI-28. Your payment must be made not later than thirty (30) days from the mailing date of this statement. Checks should be made payable to "Illinois Director of Employment Security" and mailed with the attached payment coupon. Interest accrues on any sums not paid by the due date, at a rate of 2% per month. Payment received more than 30 days after the due date is deemed to have been received on the last day of the month preceding the month in which the payment was received, except for the first 30 days, which accrues on a daily basis.

If you wish to protest any amount due, the enclosed Application for Revision of Statement of Amount Due for Benefits Paid (protest form) should be used. Please identify the claimant on the protest form, select a protest code from the standardized list of codes and include the appropriate documentation. Mail to the address shown on the form or you may fax your protest to the fax number shown on this form. If you protest any amount due you must still pay that amount or interest will start to accrue as stated above.

Adjustments or cancellations of Amounts Due as a result of your Application for Revision will be reflected on your next quarterly statement.

Section 1404(B) of the Unemployment Insurance Act provides that if no application for revision of this statement is filed within 20 days from the date of its mailing, the statement shall be final and conclusive upon you for all purposes.

This statement does not include any penalties, if any, for failure to file reports of wages paid (Employer's Contribution and Wage Report - Form UI-3/40) as required by Section 1402 of the Illinois Unemployment Insurance Act.

808655
 COLLEGE OF DUPAGE
 C/O CORPORATE COST CONTROL, INC
 PO BOX 1180
 LONDONDERRY NH 03053-1180

DURING PERIOD FROM: JUL 01, 2018 TO SEP 30, 2018
 MAILING DATE: NOV 02, 2018
 APPLICATION FOR REVISION OF STATEMENT OF
 AMOUNT DUE FOR BENEFITS PAID
 (AMOUNT DUE PROTEST)
 MUST BE FILED BY: NOV 22, 2018
 PAYMENT DUE BY: DEC 03, 2018
 INTEREST ACCRUES AFTER THIS DATE

PAGE 3 OF 3

Social Security Number	Claimant Name	LO	Benefit Year Begin	BP End Q/YR	Plant Code	Current WBA	Current Spouse Depend Allow	Weeks Charged	Period Paid/Adjusted		Total Benefits Paid	Your Share %	Amount
									From	To			
AMOUNT DUE CANCELLATIONS FOR PRIOR QUARTER 2/2018													
		14	05/21/2018	4/2017				3	05/27/2018	06/15/2018	0.00		-1065.00
TOTAL PRIOR QUARTER CANCELLATIONS: 2/2018													-1,065.00
AMOUNT DUE SUMMARY													
SEE INSTRUCTIONS FOR TOTAL AMOUNT DUE PRIOR TO MAKING REMITTANCE													
TOTAL AMOUNT DUE (CURRENT QUARTER AMOUNT DUE + PRIOR QUARTER AMOUNT DUE)													66,810.00
TOTAL PRIOR QUARTER CANCELLATIONS													-1,065.00
NET AMT DUE (TOTAL AMOUNT DUE - PRIOR QUARTER CANCELLATIONS)													65,745.00

Okay to pay \$65,710.00


 Alex Farooq

PLEASE TEAR ALONG DOTTED LINE AND MAIL WITH YOUR CHECK

State of Illinois
 Department of Employment Security

PAYMENT COUPON

BEN-118R

Show Amount of Your Check Here

ADJUDICATION REVIEW
 33 SOUTH STATE STREET
 CHICAGO, ILLINOIS 60603-2802

ACCOUNT NUMBER	D.C. NUMBER	QTR/YR	CK	DATE
808655	684001215	3/2018	5	NOV 02, 2018

THIS PAYMENT COUPON MUST BE RETURNED WITH YOUR PAYMENT

Make Your Check Payable to: ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY

Mail ONLY Your Check and this Payment Coupon to:

COLLEGE OF DUPAGE
 C/O CORPORATE COST CONTROL, INC
 PO BOX 1180
 LONDONDERRY NH 03053-1180

Illinois Department of Employment Security
 P.O. Box 19299
 Springfield, IL 62794-9299

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BEN-118R

0808655 32018 1905 0684001215 5

INSTRUCTIONS FOR THE STATEMENT OF AMOUNT DUE FOR BENEFITS PAID

Effective July 1, 1989, the Unemployment Insurance Act changed the method that reimbursable employers are charged. For all benefit years beginning on July 1, 1989 and after, if a reimbursing employer is both the last employer and a base period employer, they are charged for 100% of the regular benefits paid to a claimant, and 50% of extended benefits (except local governments for whom the charge is 100%). If the employer is a last employer only and not a base period employer, they are charged 50% of the regular benefits paid to a claimant, and 25% of extended benefits (except local governments for whom the charge is 50%). If an employer has recently become reimbursing and previously paid the quarterly tax on all employees, they are charged according to their status at the time a benefit year is established.

On the reverse side of this form is the detail for amounts due and any adjustments made during the current quarter and establishes the protest rights to the listed amount due.

The three sections of the statement are:

1. Amounts Due for Current Quarter
2. Amounts Due for Prior Quarters
3. Amounts Due Cancellations for Prior Quarters

The last two sections list all prior quarter activity. These sections replace daily adjustment notices.

Current Quarter Amount Due reflects in detail all activity and amounts due for your account during the designated calendar quarter. The worker or former worker is identified by social security number and name, the claimant's weekly benefit amount and dependents' allowance as of the date this statement was generated, the period paid and total amount due for the weeks paid.

Prior Quarter Amount Due identifies the amount due for benefits paid in an earlier quarter and not previously charged. These amounts will accrue interest from the same date as current quarter charges.

Prior Quarter Cancellations lists all credits to amounts due on prior statements. This includes adjustments, cancellations and recoupments for those prior amounts.

Total Amount Due is the sum of current quarter amount due and prior quarter amount due. Pay this amount unless your account is paid in full and there are cancellations listed on this statement. If your account is paid in full and there are cancellations, see Net Amount Due.

Net Amount Due is the Total Amount Due minus cancellations. Pay this amount only if you have paid all prior amounts due on your account. Credit for a cancellation on a current statement can only be taken if the amount due was previously paid. If the Net Amount Due is negative, you may request a refund by submitting an Employer Claim for Credit or Refund, UI-28. Your payment must be made not later than thirty (30) days from the mailing date of this statement. Checks should be made payable to "Illinois Director of Employment Security" and mailed with the attached payment coupon. Interest accrues on any sums not paid by the due date, at a rate of 2% per month. Payment received more than 30 days after the due date is deemed to have been received on the last day of the month preceeding the month in which the payment was received, except for the first 30 days, which accrues on a daily basis.

If you wish to protest any amount due, the enclosed Application for Revision of Statement of Amount Due for Benefits Paid (protest form) should be used. Please identify the claimant on the protest form, select a protest code from the standardized list of codes and include the appropriate documentation. Mail to the address shown on the form or you may fax your protest to the fax number shown on this form. If you protest any amount due you must still pay that amount or interest will start to accrue as stated above.

Adjustments or cancellations of Amounts Due as a result of your Application for Revision will be reflected on your next quarterly statement.

Section 1404(B) of the Unemployment Insurance Act provides that if no application for revision of this statement is filed within 20 days from the date of its mailing, the statement shall be final and conclusive upon you for all purposes.

This statement does not include any penalties, if any, for failure to file reports of wages paid (Employer's Contribution and Wage Report - Form UI-3/40) as required by Section 1402 of the Illinois Unemployment Insurance Act.



**State of Illinois
Department of Employment Security**

Application for Revision of Statement of Amount Due (Amount Due Protest)

FAX: (630) 844-5036
NORTHERN REGION (630) 844-8455
2 SMOKE TREE PLAZA
NORTH AURORA IL 60542

808655

COLLEGE OF DUPAGE
C/O CORPORATE COST CONTROL, INC
PO BOX 1180
LONDONDERRY NH 03053-1180

[illegible]

Please provide address to which decision should be sent (if different than above):

Firm Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Signature _____ Date _____

INSTRUCTIONS

Complete the protest form on the reverse side of this document by entering the required protest information.

Select a code from the following list if applicable and enter the associated social security number, claimant's name, charge amount and quarter/year as detailed on the preceding statement. Include the appropriate documentation(s) where required.

EMPLOYER PROTEST CODES

1. Employer has no record of anyone ever having worked for them under this social security number.
2. Claimant worked for employer less than 30 days. (Attach protest letter, receipt B22-S or determination.)
3. Employer has received no determination to the protest submitted to the local office. (Attach protest letter and/or receipt B22-S.)
4. Employer has received no determination to the protest submitted to the local office and 180 days have elapsed. (Attach protest letter and receipt B22-S.)
5. No Benefit Chargeable Employer Notice (BIS-32) or reconsidered chargeability decision was received.
6. Charges have been assessed for a period of Ineligibility. (Determination, referee decision or Board of Review decision attached.)
7. The claimant was working during period paid. (Details are attached.)
8. Recoupment has occurred and employer has received no credit.
9. Claimant separated due to incarceration (effective for weeks beginning Sept. 27, 1992. Attach determination or separation documentation.)
10. Claimant's unemployment between April 13, 1993 and January 8, 1994 was a direct result of the federal flood disaster declared during July, 1993. (Explain circumstances and include the Illinois county in which the employer's affected facility is located.)
11. Claimant separated in accordance with the Health Care Worker Background Check Act.
12. Other. (Please explain on a separate sheet of paper.)

IMPORTANT NOTICE

The Illinois Department of Employment (IDES) contracts with private law firms to provide limited free legal services to small employers with respect to IDES administrative proceedings that address the subject of this notice. These are independent law firms and are not part of IDES.

A small employer is an employer that reported wages paid to less than 20 individuals, whether part or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

The level of legal services provided will depend on the substance of your challenge to this order. If you are interested in obtaining legal services, call the applicable number as soon as possible. Any delay in calling could result in your not being able to obtain this service.

If your Unemployment Insurance Account Number ends in a 0 through 4, call toll-free (866) 641-4288 or TTY (312) 641-6403. If your Unemployment Insurance Account number ends in 5 through 9, call toll-free (877) 849-2007 or TTY (866) 802-8732.

From: cruseb199@cod.edu
Sent: Thu Nov 15 16:28:08 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: IDES-Magnetic Media Unit

From: Hayley, Robert
Sent: Thursday, November 15, 2018 4:23 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: Refakes, Eugene <refakese@cod.edu>; Duffey, Mary Jo <duffeym@cod.edu>
Subject: FW: IDES-Magnetic Media Unit
Importance: High

Bethany,

You are authorized to override the funds availability error in Colleague for the attached invoice.

Please reach out to me if you have any further questions,

Bob Hayley
Budget Manager | Budget Office
College of DuPage
425 Fawell Blvd. | SRC 2130J | Glen Ellyn, IL 60137-6599 | USA
phone 630.942.3484 | Fax 630.942.2297 | hayleyr@cod.edu

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately, and notify the sender of the error so it can be corrected

From: Refakes, Eugene
Sent: Thursday, November 15, 2018 1:54 PM
To: Hayley, Robert <hayleyr@cod.edu>
Cc: Duffey, Mary Jo <duffeym@cod.edu>
Subject: FW: IDES-Magnetic Media Unit
Importance: High

Please help with the budget issue Bob.

Thanks,

Eugene Refakes
*Manager, Financial Operations and Systems
Administrative Affairs
College of DuPage*

From: Duffey, Mary Jo
Sent: Thursday, November 15, 2018 1:48 PM
To: Refakes, Eugene <refakese@cod.edu>
Subject: FW: IDES-Magnetic Media Unit
Importance: High

Hi Eugene,

I submitted payment for the Quarterly IDES bill, and Accounts Payable is telling me that there are not enough funds in the GL to cover the amount. I've never had to request more funds or put funds in this account before. Is this something that you can help me with? Not sure where to start.....

Thank you for any guidance you are able to provide. Here is the GL code: 01-90-00835-5204001.

Thanks,

Mary Jo Duffey

Human Resources
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
duffeym@cod.edu
Phone: 630-942-2051

CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately.

From: Cruse, Bethany
Sent: Thursday, November 15, 2018 1:16 PM
To: Duffey, Mary Jo <duffeym@cod.edu>
Subject: IDES-Magnetic Media Unit
Importance: High

Hi Mary Jo,

This GL is over budget, please have funds added and let me know so I can proceed with payment.

Thanks

Bethany Cruse
AP Lead
College of DuPage
Room SRC 2132
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4294

630-942-4294

cruseb199@cod.edu