

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1186052
Vendor Name: Amalgamated Bank of Chicago
Invoice Number: TRUST1856754002
Invoice Date: 03/10/20
PO Number:
Check Number: 0266567
Check Amount: \$ 475.00
Check Date: 04/14/2020
Department ID: 00849
Reviewer Name:
Voucher Number: V0607823
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 11/20/19

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 - Non-Purchase Order Procedure No. 10-65

Date: 3/10/2020
Vendor ID: 1186052

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
Trust 1856754002	04	90	00849	5909001	Other Expenditure	\$ 475.00

Grand Total \$ 475.00

AP VERIFIED

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.

03/13/20 - MARIA ZERRUDO

Payee Name: Amalgamated Bank Other Instructions: Please include copy of invoice.

Payee Address: P.O. box 94445, Chicago, IL 60690

Description on Check:

Registrar and Paying Agen - Series 2018

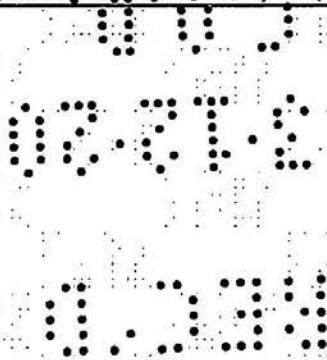
Approvals:

Prepared By: Heather Greenbusch
Signature: [Signature]
Payment Due: _____
Board Approved Date: _____

Approved By: Scott Brady Date: 3/10/20
Signature: [Signature]
Approved By: _____ Date: _____
Signature: _____

Approved By Division VP: Ellen Roberts Date: 3-12-2020
Signature: [Signature]

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





Corporate Trust Department
P.O. BOX 94445
Chicago, IL 60690-4445
(312) 822-3289

INVOICE

MAIL TO: COLLEGE OF DUPAGE
ATTN: BRIAN CAPUTO
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

DATE: MARCH 1, 2020

TRUST #: 1856754002

SERVICES RENDERED AS: BOND REGISTRAR AND PAYING AGENT

ISSUE DESCRIPTION: COMMUNITY COLLEGE DISTRICT #502, DUPAGE, COOK & WILL COUNTIES, (COLLEGE OF DUPAGE) GENERAL OBLIGATION REFUNDING BONDS, SERIES 2018

FEES DUE

04 -90-00849-

5909001

ADMINISTRATIVE FEE:

For period 03/01/2020 through 02/28/2021

\$475.00

A handwritten signature in black ink, appearing to read 'B. Caputo'.

TOTAL AMOUNT DUE:

\$475.00

PAYMENT INSTRUCTIONS:

Please make checks payable to Amalgamated Bank of Chicago and return a copy of this bill with your remittance to ensure proper credit. If you have any questions, please contact the Corporate Trust Department at 312-822-3289.