

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicago

Invoice Number: 1854592003/080120

Invoice Date: 08/01/20

PO Number:

Check Number: 0272397

Check Amount: \$ 300.00

Check Date: 09/15/2020

Department ID: 00853

Reviewer Name:

Voucher Number: V0639749

Redaction Type: Other

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

Document Below

From: zerrudom@cod.edu
Sent: Wed Aug 19 16:20:16 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Amalgamated Bank Check Request - signed

From: Humphrey, Vera
Sent: Wednesday, August 19, 2020 3:33 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Cc: Virgilio, David <virgilio@cod.edu>
Subject: FW: Amalgamated Bank Check Request - signed

Hi Marivic,

Hope you are well. Can you please process when you have a chance.

Thank you.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Roberts, Ellen <roberts@cod.edu>
Sent: Wednesday, August 19, 2020 3:27 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: Amalgamated Bank Check Request

Vera,

Here you go . . .

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu

roberts@cod.edu
630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Wednesday, August 19, 2020 3:24 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: Amalgamated Bank Check Request

Hi Ellen,

For your approval.

Thank you.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)

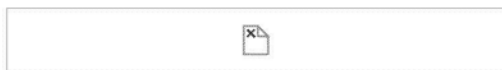


From: Brady, Scott <bradys310@cod.edu>
Sent: Wednesday, August 19, 2020 2:23 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: Amalgamated Bank Check Request

Vera,

Signed. Thanks, Scott

Scott L. Brady, CPA
Interim Chief Financial Officer
College of DuPage
425 Fawell Blvd.
SRC 2130L
Glen Ellyn, IL 60137-6599
Direct: 630.942.2219
Email: bradys310@cod.edu



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From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Wednesday, August 19, 2020 12:35 PM

Sent: Wednesday, August 19, 2020 12:35 PM
To: Brady, Scott <bradys310@cod.edu>
Subject: FW: Amalgamated Bank Check Request

Hi Scott,

For your approval.

Thanks.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



From: Virgilio, David <virgiliod@cod.edu>
Sent: Wednesday, August 19, 2020 12:33 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: Amalgamated Bank Check Request

Here you go...

David P. Virgilio, C.P.A.
Interim Controller / Assistant Financial Controller – Financial Affairs
College of DuPage – Glen Ellyn, IL
phone 630.942.3028 – fax 630.942.2297

Check out the Financial Affairs Team Site [Here](#)

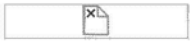
From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Wednesday, August 19, 2020 10:41 AM
To: Virgilio, David <virgiliod@cod.edu>
Subject: Amalgamated Bank Check Request

Hi Dave,

For your signature.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)



AP VERIFIED

08/19/20 - MARIA ZERRUDO

College of DuPage - Accounts Payable
Check Request Form
revised 4/14/2020

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: 8/19/2020

Vendor ID: 1186052

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
Trust 1854592003 - G.O. Refunding Ser. 2011B	04	90	00853	5909001	Other Expenditure	\$ 300.00
Grand Total						\$ 600.00

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: Amalgamated Corp Trust Dept

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

Other
Instructions:

Description on Check:

Trust 1854592003 and 1854591004

Approvals:

Prepared By: Vera Humphrey

Signature: *Vera Humphrey*

Payment Due:

Board Approved Date:

Approved By: David Virgilio

Date:

Signature: *David Virgilio*

APPROVED
By David P Virgilio at 12:32 pm, Aug 19, 2020

Approved By: Scott Brady

Date:

Signature: *Scott L Brady*

08/19/2020

Approved By Division VP: Ellen Roberts

Date:

Signature: *Ellen M. Roberts*

APPROVED
By Ellen M. Roberts at 3:25 pm, Aug 19, 2020

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

College of DuPage - Accounts Payable

Check Request Form

Notes:

Processing a Check Request

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



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

MAIL TO: ATTN: CHIEF FINANCIAL OFFICER
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

DATE: AUG 1,2020

TRUST #: 1854591004

INVOICE

SERVICES RENDERED AS: REGISTRAR AND PAYING AGENT

ISSUE DESCRIPTION: COMMUNITY COLLEGE OF DUPAGE DISTRICT #502 GENERAL OBLIGATION COMMUNITY COLLEGE BONDS, SERIES 2011A

FEES DUE

ADMINISTRATIVE FEE:
For period 08/01/2020 through 07/31/2021 **\$300.00**

TOTAL AMOUNT DUE: **\$300.00**

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.



Corporate Trust Department

P.O. BOX 94445

Chicago, IL 60690-4445

(312) 822-3289

MAIL TO: ATTN: CHIEF FINANCIAL OFFICER
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

DATE: AUG 1,2020

TRUST #: 1854592003

INVOICE

SERVICES RENDERED AS: REGISTRAR AND PAYING AGENT

ISSUE DESCRIPTION: COMMUNITY COLLEGE OF DUPAGE DISTRICT #502 GENERAL OBLIGATION REFUNDING BONDS (ARS), SERIES 2011B

FEES DUE

ADMINISTRATIVE FEE:

For period 08/01/2020 through 07/31/2021

\$300.00

TOTAL AMOUNT DUE:

\$300.00

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.