

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1273314

Vendor Name: Brink's, Inc

Invoice Number: 11434795

Invoice Date: 01/01/21

PO Number:

Check Number: 0275819

Check Amount: \$ 128.96

Check Date: 01/12/2021

Department ID: 00757

Reviewer Name:

Voucher Number: V0658115

Redaction Type: None

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

Document Below

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From: Resnick, Michelle <resnickm@cod.edu>  
Sent: Tue Jan 12 15:43:48 CST 2021  
To: invoicing@cod.edu  
CC: zerrudom@cod.edu, cruseb199@cod.edu, barriosi142@cod.edu, sekerkaj@cod.edu  
Subject: Brinks Check Request - January 2021  
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Good Afternoon AP Team:

Attached please find a check request for Brinks for \$128.96. Once this check is ready, can you please place it on my chair or clip it to my door? I need to include a letter with the check request.

Please let me know if you have any questions.

Thank you in advance.

**Michelle Resnick**  
Manager of Accounts Receivable  
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599  
Phone 630.942.3052 | Fax 630.942.2297

[attachment: 01.2021 Brinks check request - 01.12.21.pdf]

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: 1/12/2021  
Vendor ID: 1273314

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
11434795		01	80	00757	5904001	Financial Charges & Adjust	\$ 128.96

Grand Total \$ 128.96

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.

**AP VERIFIED**  
**01/12/21 - MARIA ZERRUDO**

Payee Name: Brink's Incorporated

Other Instructions: Give to Michelle Resnick [Ext 3052]

Payee Address: 7373 Solutions Center  
Chicago, IL 60677-700

Description on Check:

Customer Acct 1000089731; Invoice 11434795

Approvals:

Prepared By: Michelle Resnick

Reviewed By: Michelle Resnick Date: 01/12/2021

Signature: Michelle Resnick

Signature: Michelle Resnick

Payment Due: 1/12/2021

Approved By: David Virgilio Date: 1/12/2021

Board Approved Date:

Signature: Date:

Approved By Division VP: Signature: Date:

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

**INVOICE NO.****11434795****REMIT TO**BRINK'S INCORPORATED  
7373 SOLUTIONS CENTER  
CHICAGO IL 60677**DATE**

01/01/2021

**CORRESPONDENCE TO**BRINKS US  
A DIVISION OF BRINK'S INCORPORATED  
555 Dividend Drive  
Coppell TX US 75019

FEDERAL E.I.No. 36-2478302

**CUSTOMER ACCT#** 10000089731**BILL TO ID #** 578551**TERMS**

NET 30

**FOR BILLING PERIOD 01/01/2021 TO 01/31/2021**

DESCRIPTION	CHARGE	FSC	TAX	TOTAL
TRANSPORTATION	\$120.81	\$8.15	\$0.00	\$128.96
	<b>TOTAL:</b>	<b>\$120.81</b>	<b>\$8.15</b>	<b>\$0.00</b>
				<b>\$128.96</b>

**PLEASE PAY LAST AMOUNT SHOWN****\$128.96**

For Brink's updates and service offerings related to the Covid-19 outbreak please visit our website at  
<https://announcements.brinksinc.com/en/web/covid-19>

FOR BILLING INQUIRES PLEASE EMAIL US AT: 1-844-818-6210 or [brinksus.invoicing@brinksinc.com](mailto:brinksus.invoicing@brinksinc.com)  
QUESTIONS ON SERVICE SHOULD BE DIRECTED TO: 1-877-5-Brinks

**REMITTANCE STUB MUST ACCOMPANY PAYMENT TO ENSURE PROPER CREDIT****INVOICE NO.****11434795****REMIT TO**BRINK'S INCORPORATED  
7373 SOLUTIONS CENTER  
CHICAGO IL 60677**DATE**

01/01/2021

**CUSTOMER ACCT#** 10000089731**BILL TO ID #** 57855111388-1.30-50549E11.nop 1-4 1 / 3  
COLLEGE OF DUPAGE  
ATTN: Scott Brady  
425 FAWELL BLVD  
Glen Ellyn IL 60137**PLEASE PAY LAST AMOUNT SHOWN****\$128.96**



Date	Description	Days of Svc	Qty	Charge	FSC	Tax	Total
COLLEGE OF DUPAGE							
COLDP - 425 FAWELL BLVD - - Glen Ellyn - IL - 60137-6599							
12/30/2020	CIT Service - 1x Weekly - Urban	Th	1.000	\$120.81	\$8.15	\$0.00	\$128.96
Total: B0404				\$120.81	\$8.15	\$0.00	\$128.96
Total for Invoice: 11434795				\$120.81	\$8.15	\$0.00	\$128.96