

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1503725

Vendor Name: Avidia Bank

Invoice Number: 7/8/2021

Invoice Date: 07/08/21

PO Number:

Check Number: 0282867

Check Amount: \$ 101.93

Check Date: 07/13/2021

Department ID: 00000

Reviewer Name:

Voucher Number: V0690174

Redaction Type: Other

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

Document Below

From: Marek, Robert <marekr@cod.edu>
Sent: Thu Jul 08 16:16:14 CDT 2021
To: invoicing@cod.edu
CC: vosicky@cod.edu
Subject: FW: Jordan Holliday HSA last contribution

Hello!

Please see the attached check request for Avidia Bank in the amount of \$101.93, to be processed as a paper check. Please also note the special instructions. Let me know if you have any questions.

Thanks!

Bobby Marek
Senior Accountant | Financial Affairs
College of DuPage
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

From: Virgilio, David <virgiliod@cod.edu>
Sent: Thursday, July 8, 2021 3:44 PM
To: Marek, Robert <marekr@cod.edu>; O'Reilly, Lisa <oreillyl7@cod.edu>; Vosicky, Judith <vosicky@cod.edu>; Refakes, Eugene <refakese@cod.edu>
Cc: Mosley, Beryl <mosleyb@cod.edu>
Subject: RE: Jordan Holliday HSA last contribution

Here you go Bobby!

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: Marek, Robert <marekr@cod.edu>
Sent: Thursday, July 8, 2021 3:42 PM
To: O'Reilly, Lisa <oreillyl7@cod.edu>; Vosicky, Judith <vosicky@cod.edu>; Refakes, Eugene <refakese@cod.edu>
Cc: Virgilio, David <virgiliod@cod.edu>; Mosley, Beryl <mosleyb@cod.edu>
Subject: RE: Jordan Holliday HSA last contribution

Hi Dave,

Can you please sign off on the attached check request and return to me? I changed the account number on the check request to 01-00-00000-2101040, added Judy's emails as backup, and included a note to AP at the top to ensure that a paper check is sent, since the vendor was set up for ACH a while back.

Eugene, since Jordyn's deduction is being handled this way, can you please prepare the regular HSA check request for the 7/1 payroll using the \$23,208.46 bank amount that Judy sent you? That, in addition to the attached Avidia request for Jordyn, will get us in balance.

Thank you,

Bobby Marek

Senior Accountant | Financial Affairs

College of DuPage

425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599

phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

From: O'Reilly, Lisa <oreillyl7@cod.edu>

Sent: Thursday, July 8, 2021 2:51 PM

To: Vosicky, Judith <vosicky@cod.edu>; Refakes, Eugene <refakese@cod.edu>

Cc: Virgilio, David <virgiliod@cod.edu>; Marek, Robert <marekr@cod.edu>; Mosley, Beryl <mosleyb@cod.edu>

Subject: RE: Jordan Holliday HSA last contribution

Hi all,

Attached is the check request and deposit form for [REDACTED] I didn't include any approvers as I wasn't sure who it would be.

Let me know if you need any additional information.

Thank you!

Lisa

Lisa O'Reilly

(630) 942-2648 | oreillyl7@cod.edu



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From: Vosicky, Judith <vosicky@cod.edu>

Sent: Thursday, July 8, 2021 11:43 AM

To: Refakes, Eugene <refakese@cod.edu>

Cc: Virgilio, David <virgiliod@cod.edu>; Marek, Robert <marekr@cod.edu>; O'Reilly, Lisa <oreillyl7@cod.edu>; Mosley, Beryl <mosleyb@cod.edu>

Subject: Jordan Holliday HSA last contribution

FYI... Found out today on our call with Navia that they will not be able to pull out the \$101.93 from our bank for Jordan Holliday. Instead, Harleen is sending Lisa a form to fill out to send these funds directly to Avidia to Jordan's new account via a check. We can code this check request to 01-00-00000-2101040 HSA account number and Payroll stays intact. The reason why we have to do this this way is because based on a two week or three week lag (Harleen is looking into and also looking into if we can extend this lag time) Jordan's account has already been closed at Navia. His term date was around June 6th and his last pay was on July 2nd.

Judy Vosicky

College of DuPage, Accounting Supervisor

425 Fawell Blvd.

Glen Ellyn, Illinois 60137-6599

630-942-2222

vosicky@cod.edu



[attachment: Employer - Avidia - HSA Individual Contribution Form-Holliday.pdf]

****PLEASE DO NOT SEND ACH****

****PAPER CHECK NEEDED****

College of DuPage - Accounts Payable
Check Request Form
revised 1/9/19

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 - Check Request Procedure No. 10-65

Date: 7/8/2021
Vendor ID: 1503725

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
N/A	HSA Reimbursement	01	00	00000	2101040	HSA Empl/COD Contr 01/01/17	\$ 101.93

Grand Total \$ 101.93

AP VERIFIED

Check the appropriate box below and sign

☒ **07/08/21 - MARIA ZERRUDO** 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: Avidia Bank

Payee Address: PO Box 370
Hudson, MA 01749

Other Instructions: Please send attached form with check, and remit to address at left.

Description on Check:

Jordyn Holliday #7895 deposit; 7/1/21 HSAF deduction.

Approvals:

Prepared By: Lisa O'Reilly

Signature: *Lisa O'Reilly*

Payment Due: ASAP

Board Approved Date:

Approved By: David Virgilio

Date:

Signature: *David Virgilio*

APPROVED
By David P. Virgilio at 3:43 pm, Jul 08, 2021

Approved By:

Date:

Signature:

Approved By Division VP:

Date:

Signature:

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



Instructions: Use this form to make a Contribution. Complete this form and mail it to Avidia Bank, P.O. Box 161390, Altamonte Springs, FL 32714. For assistance call 1.800.669.3539, or send an email to employerservices@naviabenefits.com.

HSA Account Owner's Name and Address:**HSA Trustee or Custodian's Name and Address:**

Avidia Bank
42 Main St
Hudson, MA 01749

HSA Account Number

Contribution Information:**Contribution Amount**

\$101.93

Contribution For Tax Year

2021

Rules And Conditions Applicable To Contributions

Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made. By properly completing this form you are authorizing the Trustee or Custodian to accept the HSA contribution described on this form and you are certifying that you are eligible to make such contribution. HSA contribution rules are often complex. If you have any questions regarding a contribution, please seek a competent tax professional. An HSA allows for tax-deductible contributions and tax-free distributions if amounts are used for qualifying medical expenses.

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. In addition, if you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions. Refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information. This publication is available from your local IRS office, on the IRS Internet Website at www.irs.gov.

Special Instructions:

Please return this completed form along with a check, money order, or draft payable to Avidia Bank and mail to:

Avidia Bank
P.O. Box 370,
Hudson MA 01749

Signature:

I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above. I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

Lisa O'Reilly

HSA Account Owner

07/08/2021

Date



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.



