

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicago

Invoice Number: 1854592003-2021

Invoice Date: 8/1/2021

PO Number:

Check Number: 0287838

Check Amount: \$ 300.00

Check Date: 10/12/2021

Voucher Number: V0699758

Document Type: AP Invoice

Document Below

Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 8/31/21 Vendor ID: 1186052 Vendor Name: Amalgamated Bank of Chicago

Payee Address: Corporate Trust Department, PO Box 94445, Chicago, IL Payment Due Date: 8/31/21

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1854592003-080121	04-90-00853-5909001	other expenditure	300.00
Total			\$ 300.00

Check the appropriate box below:


- ☒ 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.


Description on Check:

administrative fee - [REDACTED]

Other Instructions:

All requests will require the following approvals:

Requester:  Digitally signed by David P. Virgilio
Date: 2021.08.31 08:51:09 -05'00' Print Name: David Virgilio

Budget Officer:  Digitally signed by David P. Virgilio
Date: 2021.08.31 08:51:16 -05'00' Print Name: David Virgilio

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: n/a

Next Level Supervisor (if applicable): _____ Print Name: n/a

Next Level Supervisor (if applicable): _____ Print Name: n/a

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: n/a

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: n/a

Board Approval Date (only required if request is \$25,000 and over): n/a

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer 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: AUGUST 01, 2021

FEE INVOICE

SERVICES RENDERED AS: REGISTRAR AND PAYING AGENT

ISSUE DESCRIPTION: COMMUNITY COLLEGE OF DUPAGE DISTRICT #502 GENERAL OBLIGATION REFUNDING BONDS (

FEES DUE

ADMINISTRATIVE FEE:
FOR PERIOD 08/01/201 THROUGH 07/31/2022

\$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.

"Virgilio, David" <virgiliod@cod.edu>

Amalgamated Bank of Chicago - annual administrative fee

"Virgilio, David" <virgiliod@cod.edu>

Tue, Aug 31, 2021 at 01:53 PM GMT

CC:

BCC:

Thx!

David P. Virgilio, C.P.A.

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](#).

1 attachment

check request debt service fee ABOC 083121.pdf