

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicago

Invoice Number: 1857510005-2023

Invoice Date: 3/8/2023

PO Number:

Check Number: 0310131

Check Amount: \$ 593.75

Check Date: 03/14/2023

Voucher Number: V0776828

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: 3/8/23 Vendor ID: 1186052 Vendor Name: Amalgamated Bank of Chicago  
 Payee Address: Attn: Corporate Trust, PO Box 94445, Chicago IL 60690-4445 Payment Due Date: 4/1/23

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1857510005-2023	04-90-00849-5909001	other exp.	475.00
Total			\$ 475.00

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:

Adm. Fee Series 2021 Bonds

Other Instructions:

### All requests will require the following approvals:

Requester: David P. Virgilio Digitally signed by David P. Virgilio  
Date: 2023.03.08 08:44:02 -06'00' Print Name: David Virgilio  
 Budget Officer: David P. Virgilio Digitally signed by David P. Virgilio  
Date: 2023.03.08 08:44:08 -06'00' Print Name: David Virgilio

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

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto: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:** COMMUNITY COLLEGE DISTRICT#502  
ATTN: SCOTT BRADY  
425 FAWELL BLVD  
SRC 2130 L  
GLENN ELLYN, IL 60137-6599

**DATE:** March 1, 2023

**TRUST #:** 1857510005

## FEE INVOICE

**SERVICES RENDERED AS:**

BOND REGISTRAR AND PAYING AGENT

**ISSUE DESCRIPTION:**

COMMUNITY COLLEGE DISTRICT 502 GENERAL OBLIGATION REFUNDING BONDS SERIES 2021

## FEES DUE

**ADMINISTRATIVE FEE:**

FOR PERIOD 03/01/2023 THROUGH 02/29/2024

**\$475.00**

**TOTAL AMOUNT DUE:**

**\$475.00**

**PAYMENT INSTRUCTIONS:**

Please pay on-line at <https://www.aboc.com/trust-services.aspx> (look for the "Corp Trust Fees" button) or 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>

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**amalgamated bank bond fees-series 2021**

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

Wed, Mar 8, 2023 at 02:47 PM UTC

CC:

BCC:

David P. Virgilio, CPA

**Controller – Financial Affairs**

College of DuPage – Glen Ellyn, IL

phone (630) 942-3028 – fax (630) 942-2297

Spring 2023: M/T: Remote | W/Th/F: On Campus

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

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**1 attachment**

2023\_03 - Series 2021 Check Request Form.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1186052

Vendor Name: Amalgamated Bank of Chicago

Invoice Number: 1856754002-2023

Invoice Date: 3/8/2023

PO Number:

Check Number: 0310131

Check Amount: \$ 593.75

Check Date: 03/14/2023

Voucher Number: V0776830

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: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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Description on Check:

Other Instructions:

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Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

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Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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

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

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

**DATE:** March 1, 2023

**TRUST #:** 1856754002

## **FEE INVOICE**

**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**

**ADMINISTRATIVE FEE:**  
FOR PERIOD 03/01/2023 THROUGH 06/01/2023 **\$118.75**

**TOTAL AMOUNT DUE:** **\$118.75**

**PAYMENT INSTRUCTIONS:**

Please pay on-line at <https://www.aboc.com/trust-services.aspx> (look for the "Corp Trust Fees" button) or 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>

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**amalgamated bank bond fees-series 2018**

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

Wed, Mar 8, 2023 at 05:27 PM UTC

CC:

BCC:

David P. Virgilio, CPA

**Controller – Financial Affairs**

College of DuPage – Glen Ellyn, IL

phone (630) 942-3028 – fax (630) 942-2297

Spring 2023: M/T: Remote | W/Th/F: On Campus

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

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**1 attachment**

2023\_03 - Series 2018 Check Request Form.pdf