

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1084317 **Vendor Name:** Dept of Veterans Affairs

**Check Details:**

**Check Number:** 0346120 **Check Amount:** \$ 351.46 **Check Date:** 11/4/2025

**Invoice Details:**

**Invoice Number:** \*\*\*\*\*7886 **Invoice Date:** 11/3/2025 **PO Number:** NULL  
**Voucher Number:** V0912640

**Document Type:** AP Invoice

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**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
<b>Total</b>			<b>\$</b>

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:

Other Instructions:

### All requests will require the following approvals:

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

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

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: \_\_\_\_\_

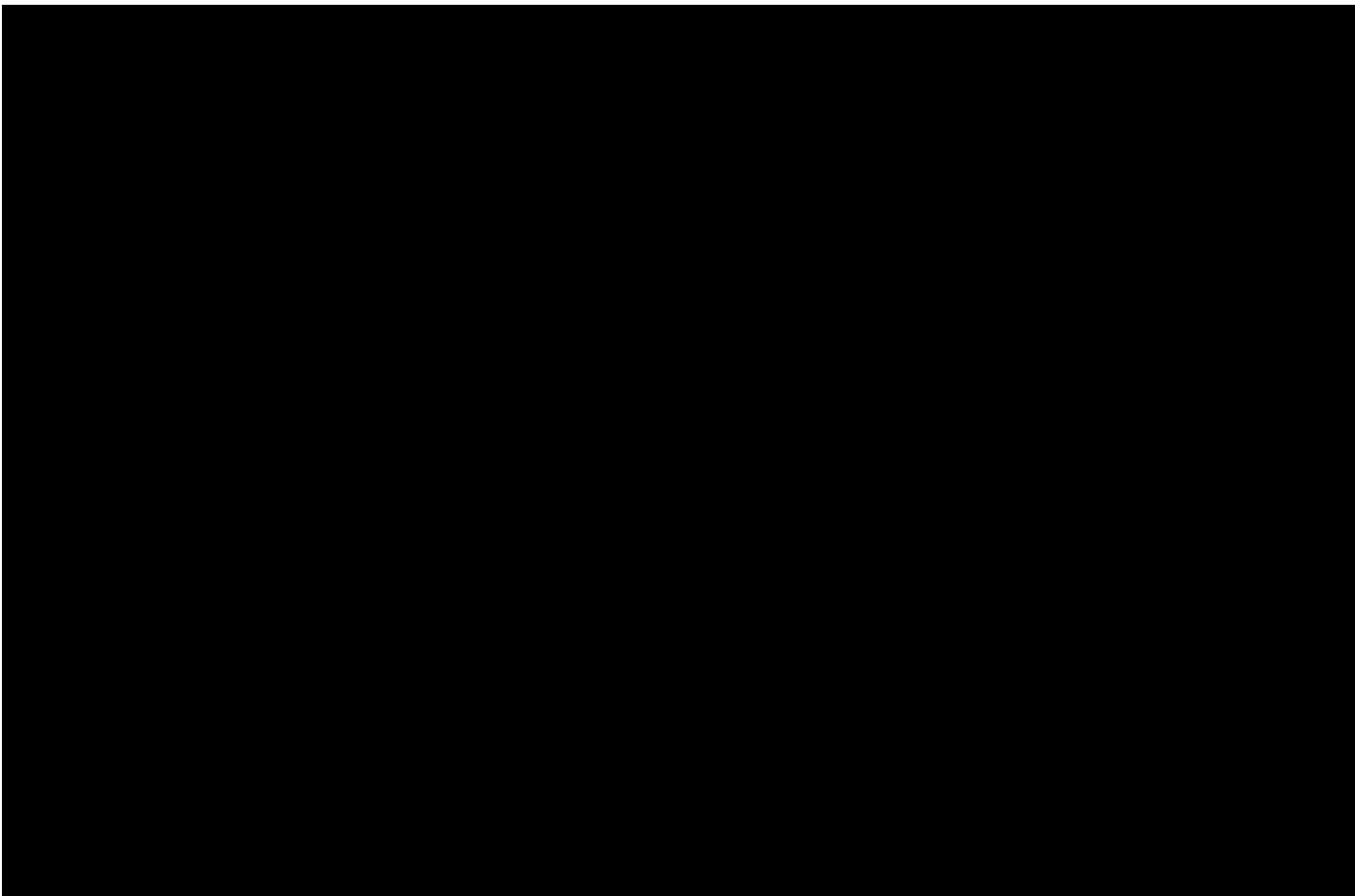
Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

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)**







"Annarella, Paul" <annarellap@cod.edu>

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**Ch.33 Debt Check Request - 11.03.2025**

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"Annarella, Paul" <annarellap@cod.edu>

Mon, Nov 3, 2025 at 08:17 PM UTC

CC:

BCC:

Good afternoon,

Attached please find 7 check requests. **Once the checks are cut, please give them to Paul Annarella.**  
Please do not mail the checks.

Please let me know if you have any questions.

Thank you.

**Paul Annarella**

Accounts Receivable Coordinator

College of DuPage

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

