

Information:

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

Check Details:

Check Number: 0346517 **Check Amount:** \$ 478.00 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: *****4677 **Invoice Date:** 11/17/2025 **PO Number:** NULL
Voucher Number: V0913966

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			\$

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: _____

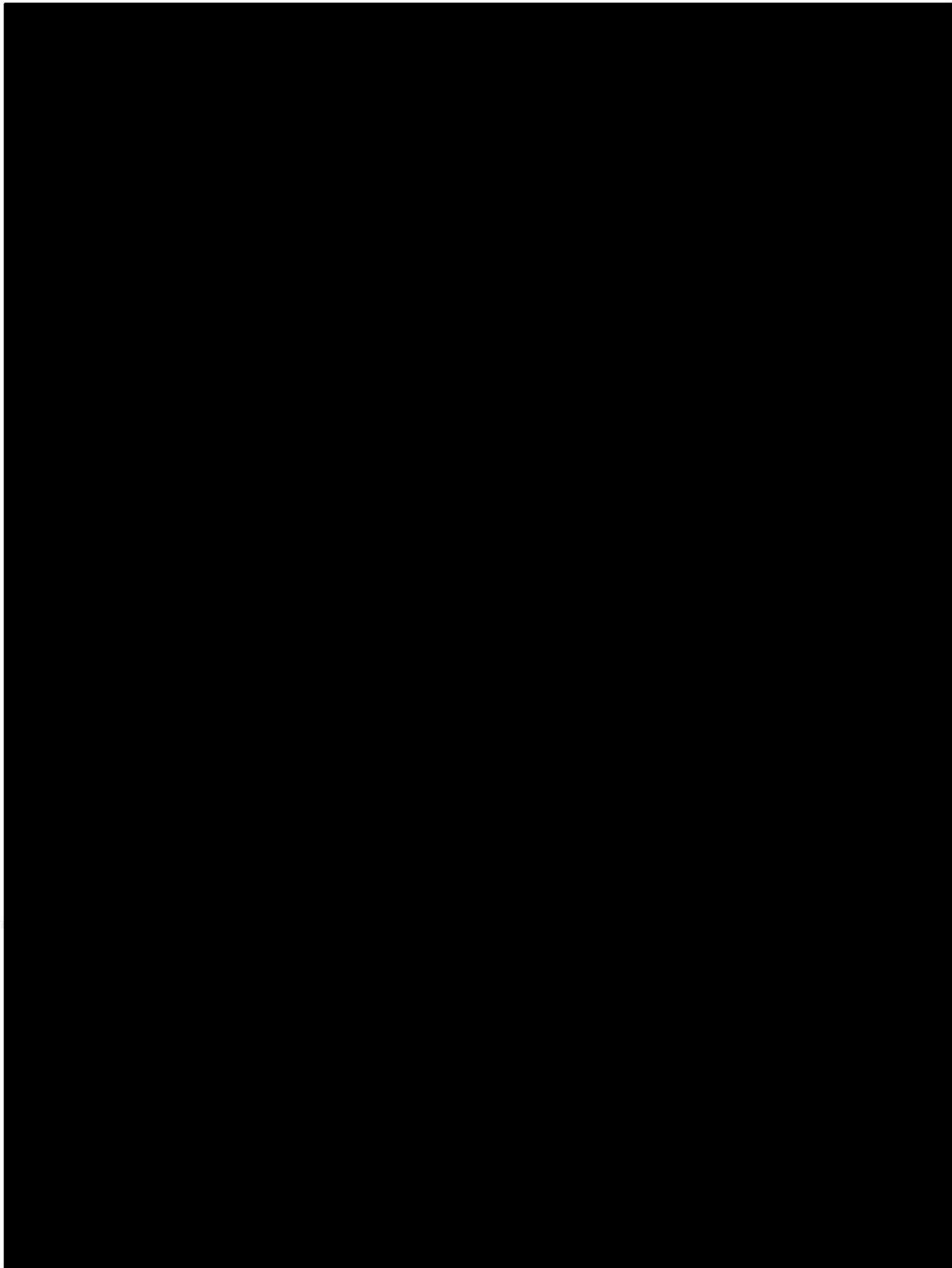
Next Level Supervisor (if applicable): _____ Print Name: _____

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





From: Annarella, Paul <annarellap@cod.edu>

Sent: Friday, November 14, 2025 9:28 AM

To: Thompson, Jaime <thompsonj1096@cod.edu>; Gross, Sheri <grosss384@cod.edu>; Bruhnke, Kristen <bruhnkek@cod.edu>; Resnick, Michelle <resnickm@cod.edu>

Subject: RE: VA Debt Letters

Good morning,



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

Ch.33 Debt Check Request - 11.17.2025

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

Mon, Nov 17, 2025 at 06:37 PM UTC

CC:

BCC:

Good morning,

Attached please find 5 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

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