

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1180535 **Vendor Name:** IDES-Magnetic Media Unit

Check Details:

Check Number: 0346540 **Check Amount:** \$ 10,126.49 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: QTR32025 **Invoice Date:** 11/6/2025 **PO Number:** NULL
Voucher Number: V0913516

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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Statement of Amount Due for Benefits Paid



#BWNKMGV
#CNXX XX6X 13X3 9129#
EXPERIAN EMPLOYER SERVICES
PO BOX 1180
LONDONDERRY NH 03053-1180

Mail Date: 11/06/2025
Letter ID: CNXXXXX6X13X39129

Account ID: 0808655
Statement Period: 07/01/2025 - 09/30/2025
Application For Revision Due: 11/26/2025
Payment Due By: 12/08/2025

STATEMENT OF AMOUNT DUE FOR BENEFITS PAID

PURPOSE

This Statement lists the unemployment amounts that are due from you, along with any adjustments of amounts due, posted to your account during the Statement Period above. It also establishes your protest rights to the amounts due.

CHARGING EXPLANATION

In general, under Illinois law a reimbursable employer who is both the last employer and a base period employer is charged for 100% of the regular benefits paid to a claimant and 50% of Extended Benefits, except state and local governments are charged for 100% of Extended Benefits. A reimbursable employer that is the last employer but not a base period employer is charged 50% of regular benefits and 25% of Extended Benefits, except state and local governments are charged for 50% of Extended Benefits. If an employer has recently become reimbursable and previously paid the quarterly contributions on all employees, the employer is charged according to its status at the time a claim is filed. (820 ILCS 405/1404.)

If you are a successor employing unit, this Statement includes amounts due based on separations from, or reductions in work initiated by, the predecessor employing unit as required by law. (820 ILCS 405/205 and 1507.)

In response to the COVID-19 Pandemic, Federal and State legislation provided some relief to reimbursable employers, reducing the amounts owed for specific weeks of unemployment during the applicable periods. This relief is described below. Also described below is relief available to qualifying "academic employers" for benefits paid to "non-instructional employees" for the weeks of unemployment from January 3, 2021 through September 4, 2021.

State law provides that in certain circumstances amounts due for benefits paid will not be cancelled for benefits paid to a claimant that are later reversed when the benefits were initially paid to the claimant due to an employer's failure to submit a timely or sufficient initial protest. If you received a Decision of Non-Cancellation of Benefit Charges or Amounts Due or a Reconsidered Decision of Non-Cancellation of Benefit Charges or Amounts Due during the current calendar year, you or your representative have established a pattern of failing to respond timely or sufficiently to requests by this Department for information related to claims for benefits. As a result, for the remainder of the calendar year, amounts due for benefits paid that normally would be cancelled due to the reversal of a prior determination allowing benefits will not be cancelled, and previously cancelled amounts due for benefits paid will be restored to your account. (UI Act Section 706 and 56 Ill. Adm. Code 2765.336.) Visit ides.illinois.gov/UIRights for more information.

SPECIAL NOTICE TO STATE OF ILLINOIS AGENCIES

IDES has made arrangements with the Offices of the Illinois Treasurer and Comptroller to pay the amount due set forth in this document for State agencies. Do not pay the amount due unless IDES contacts you directly through separate correspondence. You still have a duty to file appropriate protests and take the other actions as set forth in this document. Public universities and colleges will receive separate correspondence as usual.

Illinois Department of Employment Security
SOUTHERN REGION
333 POTOMAC BLVD, SUITE G
MOUNT VERNON, IL 62864
Phone: (618) 241-6710 · FAX: (618) 242-3113
ides.illinois.gov

COLLEGE OF DUPAGE
Account ID: 0808655
Statement Period: 07/01/2025 - 09/30/2025
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**SUMMARY OF COVID-19-RELATED RELIEF APPLICABLE TO SPECIFIC WEEKS
OF UNEMPLOYMENT THAT MAY APPEAR ANYWHERE ON THIS STATEMENT**

Charges as described below have been cancelled and should not appear on this Statement. However, if charges as described below do appear anywhere on this Statement, you may protest them as described in the "Instructions for Protesting Amounts Due" section below.

- For regular benefits paid for the weeks between March 15, 2020 and April 3, 2021, the federal government provided 50% relief of the amount due.
- For regular benefits paid for the weeks beginning April 4, 2021 through the week ending September 4, 2021, the federal government provided 75% of the amount due.
- For Extended Benefits paid for the weeks beginning March 15, 2020 through the week ending September 4, 2021, the federal government provided 100% relief of the amount due for 501(c)(3) nonprofit organizations that are reimbursable employers.
- For Extended Benefits paid for the weeks between March 15, 2020 and April 3, 2021, the federal government provided 50% relief of the amount due for state and local government reimbursable employers.
- For Extended Benefits paid for the weeks beginning April 4, 2021 through the week ending September 4, 2021, the federal government provided 75% relief of the amount due for state and local government reimbursable employers.
- All amounts due for benefits paid for the weeks between March 15, 2020 and January 2, 2021, that are directly or indirectly related to COVID-19 can be cancelled if you protest them. See the Special Instructions for Protesting Amounts Due for this time period below.

(See Families First Coronavirus Response Act (PL 116-127); CARES Act (PL 116-136); Continued Assistance Act (PL 116-260); the American Rescue Plan Act of 2021 (PL 117-2); 820 ILCS 405/1502.4; and 56 Ill. Adm. Code 2765.337.)

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NOTICE TO EMPLOYERS THAT ARE AN "EDUCATIONAL INSTITUTION" OR AN "EDUCATIONAL SERVICE AGENCY"
REGARDING BENEFITS PAID TO "NON-INSTRUCTIONAL EMPLOYEES"
FOR WEEKS OF UNEMPLOYMENT FROM JANUARY 3, 2021 THROUGH SEPTEMBER 4, 2021
PLEASE READ THE BELOW CAREFULLY

Under an amendment to the Illinois Unemployment Insurance Act ("Act") that took effect in 2021, an employee who worked in a capacity other than instructional, research, or principally administrative (collectively referred to as a "non-instructional employee") for an "Educational Institution" under Section 211.1 or 211.2 of the Act or for an "Educational Service Agency" under Section 612 of the Act (collectively referred to as an "academic employer"), is not subject to the "between terms" or "within term" disqualification provisions of Section 612 of the Act for weeks of unemployment from January 3, 2021 through September 4, 2021. (See 820 ILCS 405/612(D); 56 Ill. Adm. Code 2915.1 and 2915.2). If a non-instructional employee for an academic employer receives benefits for weeks of unemployment within the period from January 3, 2021 through September 4, 2021 as a result of this change to the Act, the amount due from a reimbursable employer resulting from the payment of benefits in this date range can be cancelled. (See 820 ILCS 405/1502.5.) Special instructions for requesting cancellation of amounts due under Section 1502.5 of the Act appear under the general heading "How To Protest" below.

SECTIONS OF THIS STATEMENT

There are five sections of this Statement that list amounts due or previous cancellations. The amounts due that are listed reflect the relief provided by law as described in the "Summary of COVID-19-Related Relief Applicable to Specific Weeks of Unemployment that may Appear Anywhere on this Statement" section above. The five sections of this Statement are:

1. **CURRENT QUARTER AMOUNT DUE:** Lists the amounts due for your account during the Statement Period. Claimants are identified by the last 4 digits of their social security number and name. Details listed include the date of claim, the claimant's weekly benefit amount (WBA), dependents' allowance, number of weeks of benefits paid, the period paid, and total amounts due for the weeks paid. The listed WBA and dependents' allowance are as of the date this Statement was generated.
2. **PRIOR QUARTER AMOUNT DUE:** Lists amounts due that have been assessed against your account for any previous quarters that are appearing in your account during this Statement Period.
3. **PRIOR QUARTER CANCELLATIONS:** Lists all credits including adjustments, cancellations, and transfers for previous quarters that are appearing in your account during this Statement Period.
4. **TOTAL AMOUNT DUE:** The Total Amount Due is the sum of the current Statement period and the prior quarter amount due. This amount reflects the relief provided by law as described in the Summary of COVID-19-Related Relief section above.
5. **NET AMOUNT DUE:** This section displays the Total Amount Due minus any cancellations from prior quarters. Credit for a cancellation can only be applied if you previously paid the amount that was cancelled. Please see the section How Much Are You Obligated to Pay for more instructions.

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HOW TO PROTEST

You can protest the amounts due on this Statement by filling out the Application for Revision of Statement of Amount Due for Benefits Paid below. You must file it within **20 days from the mailing date** stated on the first page of this Statement. If not filed within 20 days, the law provides that the amounts due and other information on this Statement become final for all purposes and in all proceedings. (820 ILCS 405/1404). The due date is listed on the Application.

SPECIAL INSTRUCTIONS FOR PROTESTING AMOUNTS DUE WITH RESPECT TO BENEFITS PAID FOR THE WEEKS OF MARCH 15, 2020 THROUGH JANUARY 2, 2021

Under a change to Illinois law that took effect in 2020, amounts due listed anywhere in this Statement for the weeks of March 15, 2020 through January 2, 2021 that are directly or indirectly related to COVID-19 can be cancelled. If you believe that a claimant's unemployment for weeks **in this date range only** was directly or indirectly due to COVID-19, you can protest the amount due and ask that it be cancelled by filing a timely Application for Revision of Statement of Amount Due for Benefits Paid and marking Employer Protest Code 13. Then write in the associated last four digits of the social security number, claimant's name, amount due, and quarter/year on the Application. (See 820 ILCS 405/1502.4; 56 Ill. Adm. Code 2765.337). **Unless you protest these amounts due, they will not be cancelled.**

For Amounts Due for benefits paid for weeks within the period of March 15, 2020 through January 2, 2021 that you contend are not related to COVID-19, or for any Amounts Due outside of this period, you can protest the amounts due for other reasons as described later in this Statement.

SPECIAL INSTRUCTIONS FOR ACADEMIC EMPLOYERS PROTESTING AMOUNTS DUE UNDER SECTION 1502.5 WITH RESPECT TO BENEFITS PAID FOR THE WEEKS OF JANUARY 3, 2021 THROUGH SEPTEMBER 4, 2021

The Illinois Department of Employment Security (IDES) has reached out to academic employers, and in some instances, IDES has been provided with the information so that IDES was able to cancel amounts due for certain claimants under Section 1502.5 of the Act. Where IDES has already made the cancellations under Section 1502.5, information about those claims does not appear on this Statement. However, for academic employers only as described above, to request cancellation under Section 1502.5 of amounts due that do appear on this Statement for weeks **within the date range January 3, 2021 through September 4, 2021 for non-instructional employees**, you must file a timely Application for Revision, and for each claimant for whom you are seeking a cancellation select Employer Protest Code 12 "Other", enter the last four digits of the social security number, claimant's name, amount due and quarter/year as detailed on this Statement, and write "**non-instructional**." Doing this constitutes your confirmation that you are an "Educational Institution" under Section 211.1 or 211.2 of the Act or an "Educational Service Agency" under Section 612 of the Act; that the claimant worked for you in a capacity other than instructional, research, or principally administrative; and that the benefits paid to the claimant were for weeks between terms or within a term and the claimant had a contract or reasonable assurance of returning to work when school resumed. **Unless you protest these amounts due, they will not be cancelled.**

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INSTRUCTIONS FOR PROTESTING AMOUNTS DUE

You can protest and ask that amounts due be cancelled by completing the Application for Revision of Statement of Amount Due for Benefits Paid. For each amount due that you are protesting, select the reason you are protesting the amount due from the Employer Protest Code List below and enter the associated last four digits of the social security number, claimant's name, charge amount, and quarter/year on the Application. Please remember that under the law, Protest Code 13 can only be used to protest amounts due for benefits paid for the weeks within the period March 15, 2020 through January 2, 2021 where you contend that the claimant's unemployment was directly or indirectly attributable to COVID-19. Additionally, if you think that a certain stated amount due does not appropriately reflect the relief provided by the federal government as described in the Summary of COVID-19-Related Relief section above, use Protest Code 12, "Other." and explain your position

Mail or fax the Application to the IDES regional office at the address or fax number stated on the Application. Be sure to include the appropriate documentation where required. The due date is stated on the Application.

EMPLOYER PROTEST CODES

1. You have no record of anyone ever having worked for you under this social security number.
2. The claimant worked for you less than 30 days. (Attach the protest letter and proof of the filing of your protest, or the determination letter you received from IDES.)
3. You have received no determination to the protest previously submitted to the local office. (Attach the protest letter and proof of the filing of your protest.)
4. You submitted a protest to the local office more than 180 days ago, and you have not received a determination on the protest. (Attach the protest letter and proof of the filing of your protest.)
5. You never received a Benefit Chargeable Employer Notice (BIS-32) or a reconsidered chargeability decision from IDES.
6. IDES has already determined that the claimant was disqualified under Sections 601, 602, or 603 of the UI Act for benefits for this period of time. (Attach the Determination, Administrative Law Judge's Decision, or Decision of the Board of Review.)
7. The claimant was working during the period when benefits were paid. (Attach proof of work and other relevant details.)
8. The claimant tells you that they did not file for unemployment benefits.
9. You have not received credit for recoupment that has already occurred.
10. The claimant separated from employment with you due to their incarceration. (Attach the determination letter or separation documentation.)
11. The claimant separated from employment with you under the Health Care Worker Background Check Act.
12. Other. (Please explain on a separate sheet of paper.)
13. The amounts due are for weeks of unemployment between **March 15, 2020 through January 2, 2021**, and the claimant's unemployment was directly or indirectly due to COVID-19.

For each protest submitted, you will receive a written response.

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INSTRUCTIONS FOR MAKING PAYMENTS

Instructions for determining how much to pay in response to this Statement appear below. Instructions on how to make a payment appear on the Voucher included later in this Statement.

HOW MUCH ARE YOU OBLIGATED TO PAY IN RESPONSE TO THIS STATEMENT?

For both regular and extended benefits that appear on this Statement, pay the amount stated on this Statement, even if you are protesting any amounts due. File the protest as described earlier in these Instructions stating the specific reason you are protesting the charge. If you prevail in a protest, you will see adjustments or cancellations in a later quarter's Statement.

Your payment must be made no later than the Payment Due Date stated on the Application, which is 30 days from the mailing date of the Statement. Interest accrues on any sums not paid by the due date, at a rate of 2% per month.

CHANGE OF ADDRESS

Please keep your business information up to date to receive important documents, such as Notices of Claim and Statements of Amount Due for Benefits Paid. Visit **mytax.illinois.gov** and log in to your account to make the necessary changes or send a completed Notice of Change UI-50A form found on our website at **ides.illinois.gov**. NOTE: All agents must have a power of attorney on file to request a change of address.

IMPORTANT NOTICE

The Illinois Department of Employment Security (IDES) contracts with private law firms to provide limited free legal services to small employers with respect to IDES administrative proceedings that address the subject of this notice. These are independent law firms and are not part of IDES.

A small employer is an employer that reported wages paid to fewer than 20 individuals, whether part or full time, for each of any two of the four calendar quarters preceding the quarter in which its application for legal assistance is made.

If you are interested in obtaining legal services, call toll.-free (866) 641-4288 or TTY (312) 641-6403 as soon as possible. Any delay in calling could result in your not being able to obtain this service.

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APPLICATION FOR REVISION OF STATEMENT OF AMOUNT DUE FOR BENEFITS PAID

Section A: Amount Due Protest(s)

Protest Code(s)	Social Security Number	Claimant Name	Benefit Charge Amount	Quarter/Year

Section B: Signature - I confirm that the information on this Application is correct to the best of my knowledge.

Signature: _____ Date: __/__/____

Name (printed): _____ Daytime Telephone Number () - _____

Title: _____

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AMOUNT DUE SUMMARY ACCORDING TO THIS STATEMENT

Total Amount Due (Current Quarter Amount Due + Prior Quarter Amount	\$17,340.00
Total Prior Quarter Cancellations:	(\$7,210.00)
Net Amount Due (Total Amount Due - Prior Quarter Cancellations):	\$10,130.00

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CURRENT QUARTER AMOUNT DUE : 3/2025

Social Security Number	Claimant Name	Date of Claim	Weekly Benefit Amount(\$)	Dependent Allowance (\$)	Plant Code	Num of Weeks Charged	Period Paid From	Period Paid To	Total Benefits Paid(\$)	Your Charge %	Your Share (\$)
***-**-3489	FANELLI, CATHERINE	04/06/2025	\$605.00	\$222.00		12	06/29/2025	09/20/2025	\$9,924.00	100%	\$9,924.00
***-**-5475	IMRISEK, LORADANA	03/02/2025	\$51.00	\$0.00		12	06/22/2025	09/13/2025	\$612.00	100%	\$612.00
***-**-9083	MARTIN, MALLORY N	05/18/2025	\$358.00	\$0.00		12	06/29/2025	09/20/2025	\$4,296.00	100%	\$4,296.00
***-**-2239	HINKHOUSE, LOUIS J	05/18/2025	\$228.00	\$0.00		11	05/25/2025	08/09/2025	\$2,508.00	100%	\$2,508.00
Total Regular Benefit Amount Due :									17,340.00		
Total Extended Benefit Amount Due :									0.00		
Total Current Quarter Amount :									17,340.00		

* = Extended Benefit Charge

PRIOR QUARTER CANCELLATIONS

Social Security Number	Claimant Name	Date of Claim	Weekly Benefit Amount(\$)	Dependent Allowance (\$)	Plant Code	Num of Weeks Charged	Period Adjusted From	Period Adjusted To	Total Benefits Paid(\$)	Your Charge %	Your Share (\$)
Cancellations for 2/2025											
***-**-8949	STOUGHTON,	03/23/2025	\$605.00	\$116.00		10	03/23/2025	05/31/2025	\$0.00	100%	(\$7,210.00)

Reason: THIS CANCELLATION IS DUE TO AN OVERPAYMENT.

BEN-118R

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Total Cancellations for 2/2025:		(\$7,210.00)
Total Prior Quarters Cancellations:		(\$7,210.00)

* = Extended Benefit Charge

PAYMENT VOUCHER INSTRUCTIONS

Payment for Unemployment Insurance Contributions can be made in the following ways:

1. Online via MyTax Illinois Automatic Clearing House (ACH) Debit Payment:

- Go to **mytax.illinois.gov**. If you are a current MyTax Illinois user, select Login to MyTax Illinois and from your account (a) select Pay Outstanding Balance to make an account payment or (b) click into a specific period to make a period payment.
- If you are not a current MyTax Illinois user, select the Sign Up Now! option and follow the instructions to create a new account. It may take up to one business day before you can make a MyTax Illinois ACH Debit payment. If you have questions, please call (800) 247-4984.
- For additional information, go to **ides.illinois.gov** and click on the Employers tab.

2. Online Electronic Fund Transfer (EFT) via ACH Credit:

- EFT via ACH assures your payment will take only 24 hours to process and the funds will clear your bank account the next day.
- You must sign up to use this process and submit a form to your bank before the transfer can occur.
- Go to **ides.illinois.gov** and search for EFT Guide for more information.

3. Pay via regular check using payment voucher at the bottom of the form:

- Do not make any changes to the Payment Voucher.
- Make check payable to the Illinois Department of Employment Security.
- Enter the amount of your check in the AMOUNT PAID field.
- Do not staple.
- Write your UI Account Num on the memo line of the check.

(Rev 04/17)

*** PLEASE CUT ALONG DOTTED LINE & MAIL WITH YOUR CHECK ***

Letter ID: CNXXXXX6X13X39129

Payment Voucher

See attached payment
options and instructions

ID	ID TYPE	TARGET REASON	QUARTER	YEAR	CK
00000808655	02	06	3	25	7

AMOUNT DUE: \$ 10,130.00

AMOUNT PAID: \$

UI Account Num: 0808655
EXPERIAN EMPLOYER SERVICES
PO BOX 1180
LONDONDERRY NH 03053-1180

MAIL PAYMENT TO:

IL. DEPT. OF EMPLOYMENT SECURITY
P.O. BOX 19299
SPRINGFIELD, IL 62794-9300

0000080865502063257

"Fay, Marianne" <faym296@cod.edu>

IDES Invoice and Check Request for 3rd Qtr

"Fay, Marianne" <faym296@cod.edu>

Wed, Nov 12, 2025 at 02:42 PM UTC

CC:

BCC:

Good morning:

Please process the attached.

Thanks,

Marianne

Marianne Fay

Department Administrative Assistant – Human Resources

College of DuPage 425 Fawell Blvd SRC 2134 Glen Ellyn, IL 60137

630-942-4272 (phone)

2 attachments

Check request with 3rd qtr invoice.pdf

image001.png