

**Information:**

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

**Check Details:**

**Check Number:** 0346873 **Check Amount:** \$ 249.60 **Check Date:** 12/2/2025

**Invoice Details:**

**Invoice Number:** \*\*\*\*\*8855 **Invoice Date:** 11/25/2025 **PO Number:** NULL  
**Voucher Number:** V0914838

**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: \_\_\_\_\_

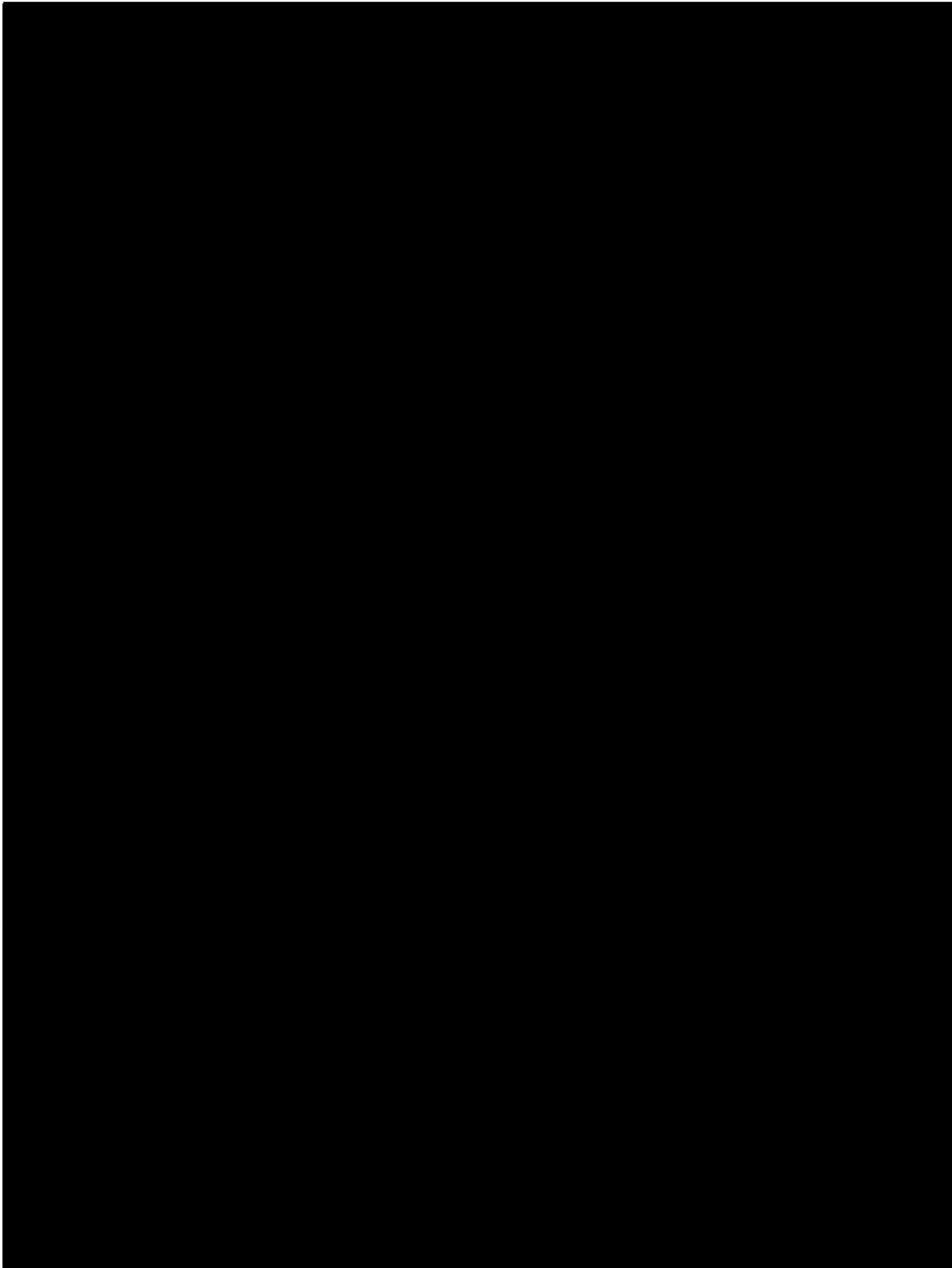
Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

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](mailto:invoicing@cod.edu)**



**From:** [Bruhnke, Kristen](#)  
**To:** [Annarella, Paul](#)  
**Cc:** [Resnick, Michelle](#); [Gross, Sheri](#); [Thompson, Jaime](#)  
**Subject:** RE: VA Debt Letters  
**Date:** Monday, November 24, 2025 1:17:18 PM  
**Attachments:** [image004.png](#)  
[image005.png](#)

---

Hi Paul,

Yes, please pay the debt letter. Term dates are 8/25/25 to 12/19/25.

Thank you,

**Kristen Bruhnke**

**Veterans Services Program Coordinator**

**College of DuPage**

425 Fawell Blvd. | SSC 3387 | Glen Ellyn, IL 60137-6599 | USA

phone 630.942.3852 | fax 630.942.4991 | [bruhnkek@cod.edu](mailto:bruhnkek@cod.edu)

**Need to speak to a Veterans Services team member? We offer in person and virtual appointments! Please [click here](#) to schedule.**



Thanks!

**Paul Annarella**

Accounts Receivable Coordinator  
College of DuPage

425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599  
Phone 630.942.4472 | Fax 630.942.2297

---

**From:** Thompson, Jaime <[thompsonj1096@cod.edu](mailto:thompsonj1096@cod.edu)>

**Sent:** Friday, November 21, 2025 9:51 AM

**To:** Gross, Sheri <[grosss384@cod.edu](mailto:grosss384@cod.edu)>; Bruhnke, Kristen <[bruhnkek@cod.edu](mailto:bruhnkek@cod.edu)>; Annarella, Paul <[annarellap@cod.edu](mailto:annarellap@cod.edu)>; Resnick, Michelle <[resnickm@cod.edu](mailto:resnickm@cod.edu)>

**Subject:** VA Debt Letters

Hello: Attached please find the VA debt letters received in Veterans Services. Thank you.

Sincerely,

*Jaime Thompson*

**Jaime Thompson**

Veterans Certification Specialist

**Phone:** (630) 942-3851

**Email:** [thompsonj1096@cod.edu](mailto:thompsonj1096@cod.edu)

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

SSC 3379

[veterans@cod.edu](mailto:veterans@cod.edu)



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

---

**Ch.33 Debt Check Request - 11.25.2025**

---

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

Tue, Nov 25, 2025 at 02:56 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

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

