

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1084317

**Vendor Name:** Dept of Veterans Affairs

**Check Details:**

**Check Number:** 0340039

**Check Amount:** \$ 456.00

**Check Date:** 6/17/2025

**Invoice Details:**

**Invoice Number:** 3701-060425

**Invoice Date:** 6/4/2025

**PO Number:** NULL

**Voucher Number:** V0889307

**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)**



**DEPARTMENT OF VETERANS AFFAIRS**  
**Debt Management Center**  
Bishop Henry Whipple Federal Building  
P.O. Box 11930  
St. Paul, MN 55111-0930

MAY 8, 2025

•  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

File Number: \*\*\*\*\*3701  
Payee Number: 00  
Person Entitled: NMPERE  
Deduction Code: 93  
E-Mail Address: dmcedu.vbaspl@va.gov  
(Please provide the information above  
on any e-mail correspondence)

The Department of Veterans Affairs recently notified you that education benefits were adjusted due to non-entitlement. Since the funds for this enrollment were sent directly to the school, we ask that you return these funds.

Student Name: NATHAN PEREZ Facility: 14922413 Amt: \$ 456.00  
Term Date(s): 01/27/2025-05/23/2025 02/24/2025-05/23/2025 03/24/2025-05/17/2025  
07/22/2024-08/04/2024

**WHAT ARE YOUR RIGHTS**

You have the right to dispute either the existence or amount of the debt. Your request should be submitted in writing and should explain why you are disputing the debt. You have the right to inspect and copy VA records associated with the debt. You have an opportunity for a review within the Agency of the decision related to the establishment of the debt.

**WHAT IF YOU IGNORE THIS LETTER**

If the debt remains unpaid, your account could be referred to the Department of the Treasury for offset under the Treasury Offset Program (TOP). If the debt is scheduled for referral to Treasury and we hear from you within 30 days of the referral notice, exercising one of the rights described above, we will suspend referral until the issue has been addressed.

**IF YOU HAVE QUESTIONS**

If you have questions regarding payment of the debt, you should contact the VA Debt Management Center at 1-833-720-2574. If calling from outside the U.S., please dial 1-612-843-6508. Payment options are described on the back of this letter. Our office hours are 6:30 AM to 6:00 PM Central Time. Please note that we experience our highest call volumes on Mondays and throughout the first week of each month. By avoiding these peak times, you will minimize your wait time. Your call may be monitored to ensure quality information. You can also contact us via email at [dmcedu.vbaspl@va.gov](mailto:dmcedu.vbaspl@va.gov). If you have questions regarding specific Veterans or payments, please submit a separate inquiry for each.

*FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT*

Department of Veterans Affairs	2025128	PAYMENT REMITTANCE
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331963701009314131605180527 331963701 0093 14131605180527 0045600 8

* FILE NO.	▶	*****	AMOUNT ENCLOSED	ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT. PLEASE INCLUDE YOUR ZIP CODE.
PAYEE NO.	▶	00	\$	
PERSON ENTITLED	▶	NMPERE	YOUR TELEPHONE NO. (Include Area Code)	
DEDUCTION CODE	▶	93		
* Please include this number on your check or money order.				

**From:** [Bruhnke, Kristen](#)  
**To:** [Annarella, Paul](#)  
**Cc:** [Resnick, Michelle](#); [Gross, Sheri](#)  
**Subject:** VA Debt Letter  
**Date:** Monday, June 2, 2025 2:37:44 PM  
**Attachments:** [Nathan Perez 5-8-2025b.pdf](#)  
[image006.png](#)

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Hi Paul,

The attached debt letter for Nathan Perez 1696776 was received today. Term dates are 3/24/25 to 5/17/25. Please pay the debt letter.

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.**



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

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**Ch.33 Debt Check Request - 06.04.2025**

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

Wed, Jun 4, 2025 at 03:57 PM UTC

CC:

BCC:

Good morning,

Attached please find 1 check request. **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

Phone 630.942.4472 | Fax 630.942.2297

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**1 attachment**

Ch. 33 Debt Check Request - Perez Nathan - 2025SP - 06.04.2025.pdf