

**Information:**

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

**Check Details:**

**Check Number:** 0346116 **Check Amount:** \$ 644.00 **Check Date:** 11/4/2025

**Invoice Details:**

**Invoice Number:** \*\*\*\*\*7601 **Invoice Date:** 11/3/2025 **PO Number:** NULL  
**Voucher Number:** V0912634

**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)<br>e.g. 01-80-00757-5401001 | GL Account Name<br>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: \_\_\_\_\_

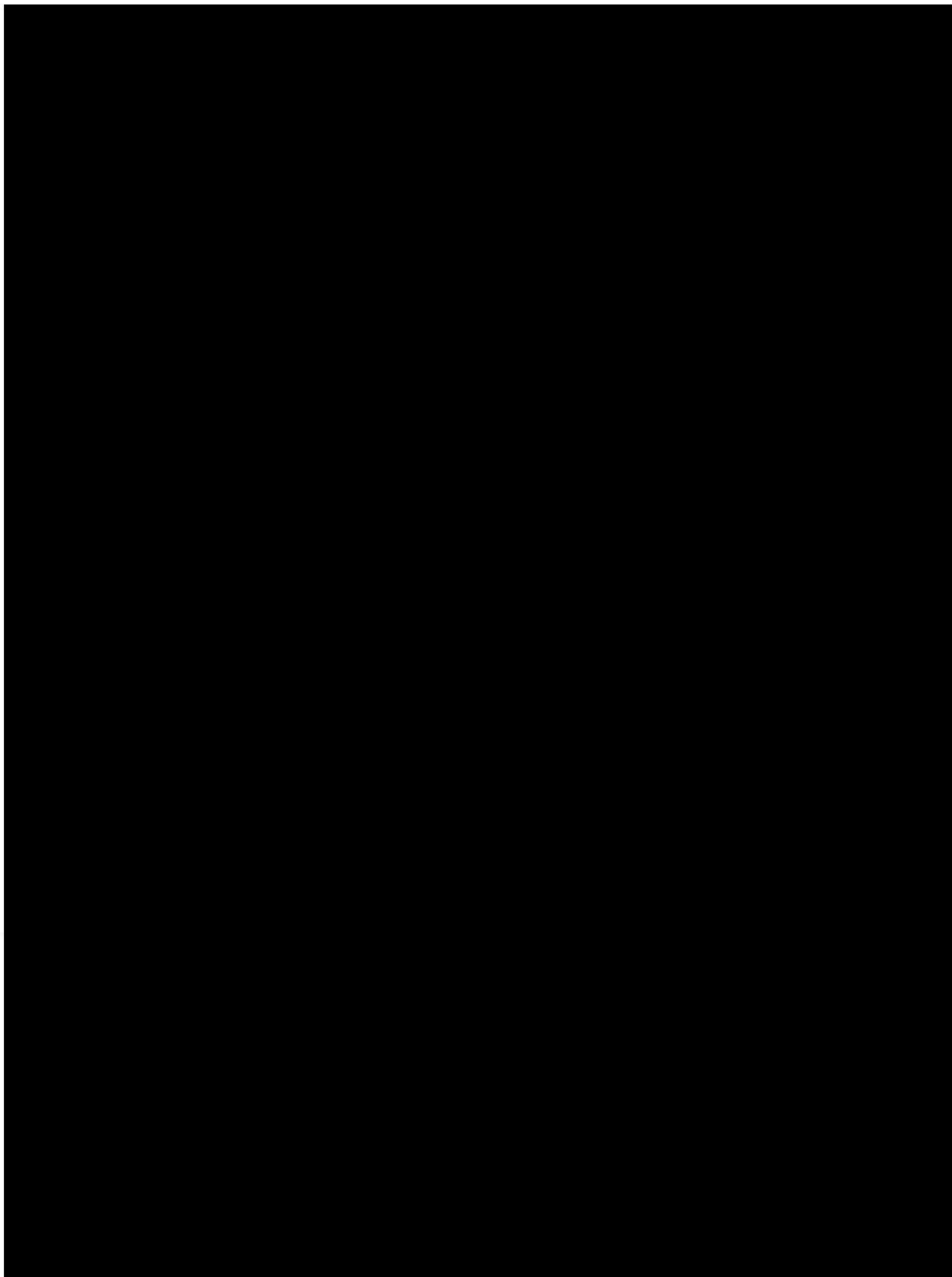
Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

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)**



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health care needs of the elderly population. The Department of Health (1999) has identified the need to develop a 'new paradigm' of health care for the elderly, which is based on the principles of 'person-centred care' and 'active ageing'. The 'new paradigm' is based on the principles of 'person-centred care' and 'active ageing'.

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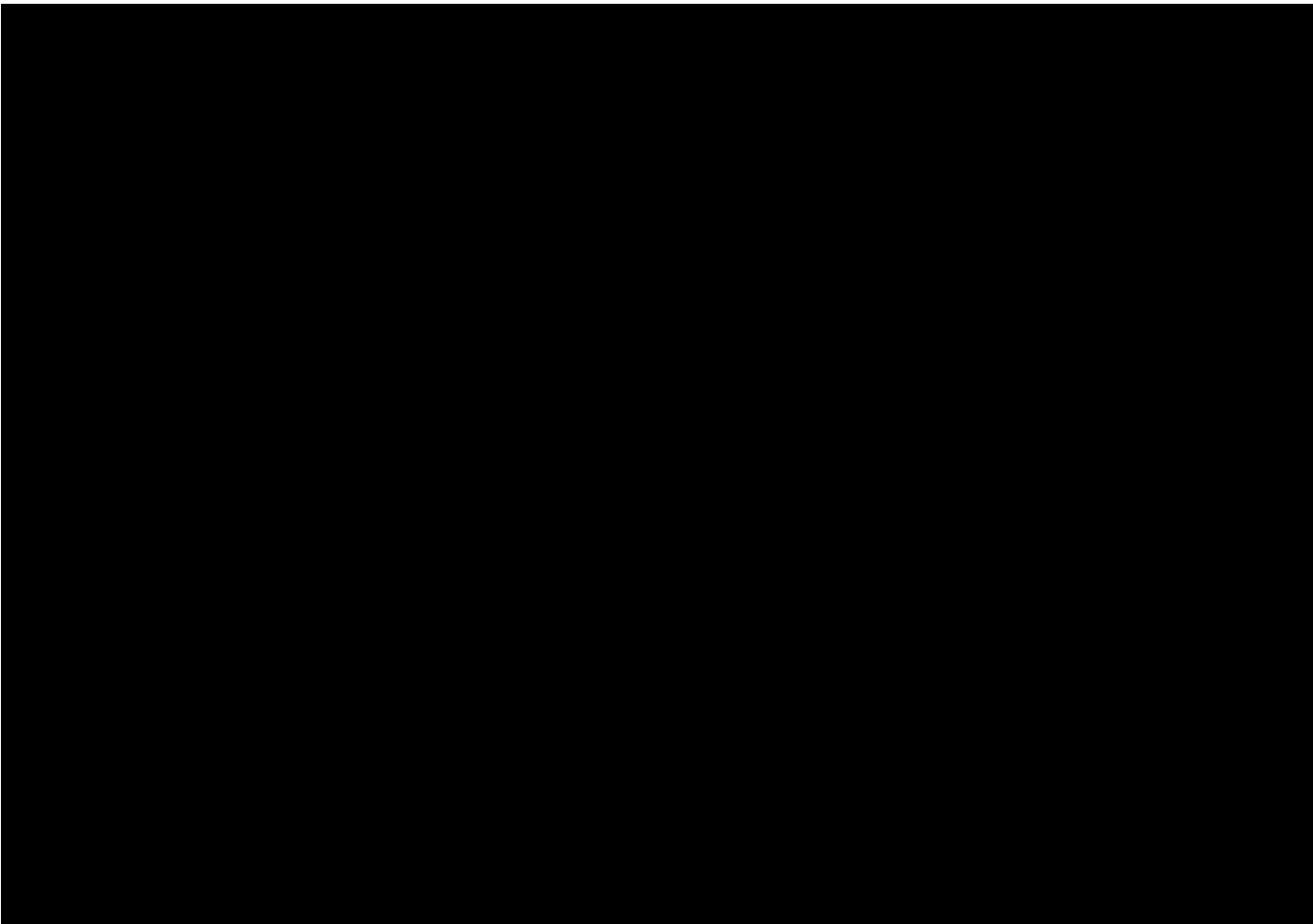
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**Paul Annarella**

Accounts Receivable Coordinator

College of DuPage

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