

Information:

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

Check Details:

Check Number: 0352593 **Check Amount:** \$ 468.00 **Check Date:** 6/2/2026

Invoice Details:

Invoice Number: *****6507 **Invoice Date:** 5/11/2026 **PO Number:** NULL
Voucher Number: V0938996

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



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

APRIL 23, 2026

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T3 P2



COLLEGE OF DUPAGE

425 FAWELL BLVD

GLEN ELLYN, IL 60137-6708



File Number: 454786507
 Payee Number: 00
 Person Entitled: ALMORA
 Deduction Code: 75
 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: ANGEL MORALESNATAL

Facility: 14922413 Amt: \$ 468.00

Term Date(s): Contact Debt Management Center for term dates.

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 , 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. 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	2026113	PAYMENT REMITTANCE
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454786507007501121315180127 454786507 0075 01121315180127 0046800 5

* FILE NO.	▶ 454786507	AMOUNT ENCLOSED	ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT, PLEASE INCLUDE YOUR ZIP CODE.
PAYEE NO.	▶ 00	\$	
PERSON ENTITLED	▶ ALMORA	YOUR TELEPHONE NO. (Include Area Code)	
DEDUCTION CODE	▶ 75		
* Please include this number on your check or money order.			

From: [Bruhnke, Kristen](#)
To: [Annarella, Paul](#)
Cc: [Resnick, Michelle](#); [Gross, Sheri](#)
Subject: Angel Morales 1471638
Date: Thursday, May 7, 2026 4:52:49 PM
Attachments: [Angel Moralesnatal 4-23-2026.pdf](#)
[Outlook-iiumrwfo.png](#)
[Outlook-a4eth0ry.png](#)

Hi Paul,

Please pay the attached debt letter for this student. Term dates are 2/23/26 to 5/22/26. There were two debts for \$468.00 for this term. We paid the first via check #0351829 dated 4/28/26.

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

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>

Ch.33 Debt Check Request - 05.11.2026

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

Mon, May 11, 2026 at 03:00 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

1 attachment

Ch. 33 Debt Check Request - Moralesnatal Angel - 2026SP - 05.11.2026.pdf