

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1801357 **Vendor Name:** Foot Locker Foundation Inc

Check Details:

Check Number: 0353573 **Check Amount:** \$ 958.58 **Check Date:** 6/23/2026

Invoice Details:

Invoice Number: 03262026 **Invoice Date:** 3/26/2026 **PO Number:** NULL
Voucher Number: V0941115

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

August 21, 2025

Foot Locker Foundation
330 West 34th St.
New York NY, 10001**Our records indicate that the following funds intended for use at the College of DuPage remain outstanding:****Student's Name: Corbyn Carr****Amount: \$ 958.58**

Please complete the following, indicating the status of the check, and return this letter to the address listed below.

☐ I am not entitled to these unused funds.

☒ **These unused funds should be returned to our organization. Please complete the included W-9 form in order to receive payment.**

This form will serve as our authorization to reissue a new check to you within four to six weeks after receiving this letter, via **The Illinois Unclaimed Property Act (765 ILCS 1026)**.

IF WE DO NOT RECEIVE YOUR RESPONSE BY 10/21/25, WE ARE MANDATED TO REMIT THIS MONEY TO THE STATE OF ILLINOIS AS ABANDONED PROPERTY.

Money remitted to the state can be claimed by visiting <https://icash.illinoistreasurer.gov>.

Signature: Amanda Carnevali Date: 9/15/25Current Address: 330 W 34th Street Floor 6
New York, NY 10001Phone Number: 212-720-3821

If you have any questions, please do not hesitate to contact Shameica Hall at (630) 942-2678.

Mail To:
College of DuPage
Financial Affairs, SRC Room 2130
Attn: Shameica Hall
425 Fawell Blvd
Glen Ellyn, IL 60137
Halls115@cod.edu

"Hall, Shameica" <halls115@cod.edu>

Check Request-Scholarship Refund

"Hall, Shameica" <halls115@cod.edu>

Thu, May 21, 2026 at 06:10 PM UTC

CC:

BCC:

Hello,

Please process the attached check request at your earliest convenience. Thank you!

Best regards,

Shameica Hall

Accountant II - Financial Affairs

College of DuPage

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

Phone 630.942.2678 | Fax 630.942.2297 | halls115@cod.edu

2 attachments

SH 3-26-26 Foot Locker Foundation SCH.pdf

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