

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS
325 W. Adams Street Springfield, IL 62704-1871

Lender Name
Lender Address
Lender Address

Vendor Number: XXXXXXXXXX

Agency * IL STUDENT ASSISTANCE COMM
Warrant Number XXXXXXXXXX
Warrant Amount \$35,000
Warrant Date 07-15-2026
Voucher Number XXXXXXXXXX

Payment Description: ISAC HSPLRP PMT FOR RECIPIENT ROSTER # XXXXXX 2025-2026 ACADEMIC YEAR Account #, Account #, Account #, Account #				
Invoice Number	Inv. Date	Customer ID	Billing Account Number	Net Amount
X-XXXXXXXXXXXX	063025			35000.00

DO YOU NEED HELP OR HAVE QUESTIONS ABOUT THIS PAYMENT?

For questions regarding this payment, please contact the Vouchering Agency at the number listed below:

IL STUDENT ASSISTANCE COMM 800-899-4722

Payment of interest may be available if the State fails to comply
with the Illinois Prompt Payment Act (30 ILCS 540/1).

www.illinoiscomptroller.gov/contact

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