

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1250388

Vendor Name: Community College Health Conso

Invoice Number: MAY-HDHP

Invoice Date: 06/15/20

PO Number:

Check Number: E0080490

Check Amount: \$ 1,110,610.00

Check Date: 06/18/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0629631

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: marekr@cod.edu
Sent: Mon Jun 15 12:32:01 CDT 2020
To: invoicing@cod.edu
CC:
cruseb199@cod.edu,zerrudom@cod.edu,barriosi142@cod.edu,sekerkaj@cod.edu,refakese@cod.edu,oreillyl7@cod.edu
Subject: FW: April benefits payment request

Good afternoon—

Please see the attached PDF for the following benefits check requests from HR. I'm copying the AP Leads individually just to give you all a head's up.

1. Community College Health Consortium
2. Delta Dental
3. Vision Service Plan
4. Reliance Standard
5. Navia
6. UNUM

Please process as soon as reasonably possible.

Thanks!

Bobby Marek
Senior Accountant | Financial Affairs
College of DuPage
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

From: O'Reilly, Lisa <oreillyl7@cod.edu>
Sent: Monday, June 15, 2020 11:01 AM
To: Marek, Robert <marekr@cod.edu>
Cc: Refakes, Eugene <refakese@cod.edu>
Subject: April benefits payment request

Hi Bobby,

Attached is the whole batch of benefits payments for the month of April. I have submitted our May bills as well and hope to have them to you before the end of the month. I wanted to send them to AP directly but wasn't sure that the address I found, APupdating@cod.edu, was the correct one.

Lisa O'Reilly
Benefits Analyst
College of DuPage | 425 Fawell Blvd. | Glen Ellyn | IL 60137
630.942.2648

College of DuPage - Accounts Payable

Check Request Form

revised 1/9/19

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 5/4/2020
Vendor ID: 1250388

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
May - HDHP		01	00	00000	2101034	Med HD Premium 01/01/17	\$ 463,612.22
May - BCS		01	00	00000	2101041	Med Blue Choice Prem 01/01/19	\$ 75,211.57
May - HMO		01	00	00000	2101035	Med HMO Premium 01/01/17	\$ 571,786.21
Grand Total							\$ 1,110,610.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign:

- ☒ 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 satisfactory condition/manner.

Payee Name: Community College Health Consortium

Payee Address: 1415 W. Diehl Rd
Naperville, IL 60563

Other
Instructions:

Description on Check:

May 20 CCHC Invoice

Approvals:

Prepared By: Lisa O'Reilly

Signature: Lisa O'Reilly

Payment Due: ASAP

Board Approved Date:

Approved By: Elizabeth O'Brien Date: Jun 15, 2020

Signature: Beth O'Brien
Beth O'Brien (Jun 15, 2020 08:39 CDT)

Approved By: Linda Sands-VanKerk Date: Jun 15, 2020

Signature: Linda Sands-VanKerk
Linda Sands-VanKerk (Jun 15, 2020 09:53 CDT)

Approved By Division VP: Date: Signature: Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

COMMUNITY COLLEGE HEALTH CONSORTIUM
College of DuPage

Report for Month of:
Payment Due Date:

May-20
1st of the Month



PPU		\$530,823.79
BAHMO		\$571,786.21
TOTAL		\$1,110,610.00

Send Statement by mail or fax or email to:

Daniel A. Berg (dberg@sikich.com)
Michelle Kohls (michelle.kohls@sikch.com)
Nicole Theriault (nicole.theriault@sikich.com)
Sikich LLP
1415 W. Diehl Road, Suite 400
Naperville, IL 60563
P - 630-566-8535
F - 630-236-4665