

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 552187175994

Invoice Date: 10/19/20

PO Number:

Check Number: 0282315

Check Amount: \$ 400.00

Check Date: 06/22/2021

Department ID: 67001

Reviewer Name:

Voucher Number: V0684193

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 6/26/19

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: 4/21/2021
Vendor ID: 1379495

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
<u>552187175994</u>		05	63	67001	5605001	General Insurance Exps	\$400
Grand Total							\$ 400.00

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 if the approver below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

06/14/21 - BETHANY CRUSE

Payee Name: Marsh USA

Other
Instructions: _____

Payee Address: 62505 Collection Center Dr., Chicago,
IL 60693-0655

Description on Check:

Commercial Bond

Approvals:

Prepared By: Yvone Bedford

Approved By: Daniel Deasy

Date: 6/16/21

Signature: _____

Signature: _____

Payment Due: ASAP

Approved By: _____

Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division VP: _____

Date: _____

Signature: _____

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

College of DuPage - Accounts Payable
Check Request Form
revised 6/26/19

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: 4/21/2021
Vendor ID: 1379495

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
<u>552187175994</u>		05	63	67001	5605001	General Insurance Exps	\$ 499.00
Grand Total							\$ 499.00

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 a satisfactory condition/manner.


Payee Name: Marsh USA
Payee Address: 62505 Collection Center Dr., Chicago,
IL 60693-0655

Other
Instructions: _____

Description on Check:

Commercial Bond

Approvals:

Prepared By: Yvone Bedford Approved By: Dan Deon Date: 4/25/20
Signature: _____ Signature: 
Payment Due: ASAP Approved By: _____ Date: _____
Board Approved Date: _____ Signature: _____
Approved By Division VP: _____ Date: _____
Signature: _____

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

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Tue Jun 01 13:29:59 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Marsh USA

Hello

Please see attached Check Request and invoice for Marsh USA.

Regards,
Yvonne Bedford
Yvonne Bedford
College of DuPage
Continuing Education
(630) 942-4194

[attachment: Marsh USA Signed CE.pdf]
[attachment: Marsh Industries.pdf]



Marsh USA Inc.
Chicago IL
(312) 627-6000

INVOICE

Page	1 of 2
Invoice Total	400.00 USD
Invoice No.	552187175994
Invoice Date	10/19/2020
Client No.	5521846219

Billed To: **Scott Brady**
College of Dupage
425 Fawell Blvd
SRC 2130L
Glen Ellyn, IL 60137

Remittance Copy

Company earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
5521846219	552187175994	Immediate	400.00 USD	

Thank you for your prompt payment.

Please indicate Invoice 552187175994 on your remittance to:

By Wire: **Bank Name:** Bank of America
Wire Routing Number: 026009593
Account Title: Marsh USA, Inc.
Account Number: 8188190995

By Mail: Marsh USA, Inc.
62505 Collection Center Drive
Chicago, IL 60693-0625 USA

5521871759946 000004000080



INVOICE

Marsh USA Inc.
Chicago IL
(312) 627-6000

Page	2 of 2
Invoice Total	400.00 USD
Invoice No.	552187175994
Invoice Date	10/19/2020
Client No.	5521846219

Scott Brady
College of Dupage
425 Fawell Blvd
SRC 2130L
Glen Ellyn, IL 60137

Billed To:

Surety Name	Bond No.	Effective Date	Expiration Date	Transaction Type	Description/ Type of Coverage	Item	Amount
Travelers Cas & Surety Of Am er.	105694413	11/21/2020	11/21/2021	Original	Commercial Bond	PREMIUM	400.00

Invoice Comments:

Principal:College of DuPage
Obligee:People of the State of Illinois
Bond Amount: \$40,000.00
Bond Type - Description:License & Permit - Truck Driver Training School License & Permit Bond
Requester:Tobey Majack
Requestor/recipient update

Invoice Total (Payable in Full upon Receipt) 400.00

Company earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Thu Jun 10 16:18:48 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Marsh Check Request Corrected

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Thursday, June 10, 2021 3:57 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: McLaughlin, Ashley <mclaughl@cod.edu>
Subject: Marsh Check Request Corrected

Hi Bethany

Attached is the correct Check Request form and invoice for Marsh.

Please process payment.

Thanks,
Yvonne Bedford
Continuing Education

From: Deasy, Daniel J. <deasyd@cod.edu>
Sent: Thursday, June 10, 2021 3:38 PM
To: McLaughlin, Ashley <mclaughl@cod.edu>; Bedford, Yvonne <bedford@cod.edu>
Subject: FW: Attached Image

Marsh Check Request

[attachment: 0343_001.pdf]