

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 552187184777

Invoice Date: 12/10/2021

PO Number:

Check Number: 0297321

Check Amount: \$ 5,400.00

Check Date: 03/15/2022

Voucher Number: V0730011

Document Type: AP Invoice

Document Below



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

INVOICE

Page	1 of 2
Invoice Total	400.00 USD
Invoice No.	552187184777
Invoice Date	12/10/2021
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	552187184777	Immediate	400.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 552187184777 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: FiduciaryserviceRequest.US@marsh.com

By ACH: **Bank Name:** Bank of America
ACH Routing No: 071000039
Account Title: Marsh USA, Inc.
Account Number: 8188190995

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

5521871847772 000004000087



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

INVOICE

Page	2 of 2
Invoice Total	400.00 USD
Invoice No.	552187184777
Invoice Date	12/10/2021
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.	105894413	11/21/2021	11/21/2022	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.

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice to be paid

"McLaughlin, Ashley" <mclaughl@cod.edu>

Thu, Feb 24, 2022 at 07:52 PM GMT

CC: Hasse, Debra <hassed@cod.edu>, Vegetabile, Jim <vegetabilej@cod.edu>

BCC:

Hi there,

Attached is an invoice to be paid.

Vendor: 1379495 - MARSH USA INC.

GL: 05-63-67001-5309005

Thanks,

Ashley

Ashley McLaughlin

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

(630) 942-2209 | mclaughl@cod.edu | www.cod.edu/academics/conted/basic/

Visit us on campus in Glen Ellyn – SRC 1110 | Follow us on Twitter | Like us on Facebook

1 attachment

CDL.Marsh invoice school bond.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215848064009

Invoice Date: 3/2/2022

PO Number:

Check Number: 0297321

Check Amount: \$ 5,400.00

Check Date: 03/15/2022

Voucher Number: V0732451

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: 03/02/22 Vendor ID: 1379495 Vendor Name: Marsh USA Inc.
Payee Address: 62505 Collection Center Dr. Chicago, IL 60693-0625 Payment Due Date: 03/18/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
215848064009	01-40-11002-5605001	Art Curator: General Insurance Exps	5,000.00
Total			\$ 5,000.00

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:

2021-22 MAC/CCMA Insurance for PAC storage at Icon

Other Instructions:

Note for MAC: 01 General Ins Exp NONE

All requests will require the following approvals:

Requester: Molly Junokas Digitally signed by Molly Junokas
Date: 2022.03.02 16:29:23 -06'00' Print Name: Molly Junokas
Budget Officer: Ellen McGowan Digitally signed by Ellen McGowan
Date: 2022.03.02 16:55:02 -06'00' Print Name: Ellen McGowan
Requests \$5,000 and over will require the additional approvals below:
Next Level Supervisor (if applicable): [Signature] 3/3/22 Print Name: Phil Gieschen
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): Diana Martinez Digitally signed by Diana Martinez
Date: 2022.03.02 16:55:02 -06'00' Print Name: Diana Martinez
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

Check Request Form (cont.)

Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



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

INVOICE

Page	1 of 2
Invoice Total	5,000.00 USD
Invoice No.	215848064009
Invoice Date	03/02/2022
Effective Date	07/01/2021
Client No.	2158400000
Installment No.	

Billed To: Phil Geischen
College of Dupage
425 Fawell Boulevard
Glen Ellyn, IL 60137

If you are not currently receiving invoices via e-mail but would like to do so, please notify your Marsh client team.

Remittance Copy

Marsh 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
2158400000	215848064009	Immediate	5,000.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 215848064009 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: FiduciaryserviceRequest.US@marsh.com

By ACH: Bank Name: Bank of America
ACH Routing No: 071000039
Account Title: Marsh USA, Inc.
Account Number: 8188190995

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

2158480640091 000050000023



INVOICE

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

Page	2 of 2
Invoice Total	5,000.00 USD
Invoice No.	215848064009
Invoice Date	03/02/2022
Effective Date	07/01/2021
Client No.	2158400000
Installment No.	

Billed To: Phil Geischen
College of Dupage
425 Fawell Boulevard
Glen Ellyn, IL 60137

Endorsement

Policy Holder: Illinois Community College Risk Mgmt. Consortium
Billing Effective Date: 12/13/2021

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
FIREMAN'S FUND	USC017009210	07/01/2022	Property All Risk	PREMIUM	5,000.00
Invoice Comments: 21-22 Property Endorsement: 2747 W Taylor St					
Invoice Total					5,000.00

Marsh 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.

"Junokas, Molly" <junokasm@cod.edu>

Check Request - Marsh USA Inc MAC/CCMA Insurance for Icon

"Junokas, Molly" <junokasm@cod.edu>

Thu, Mar 3, 2022 at 03:36 PM GMT

CC:

BCC:

Good morning,

Please see attached for a MAC Check Request for Marsh USA Inc. This is the insurance premium cost for MAC/CCMA artworks storage at an offsite facility called Icon.

Thank you,

Molly Junokas

McAninch Arts Center, College of DuPage

630-942-3042 | junokasm@cod.edu

1 attachment

Signed Check Request Marsh USA Inc Inv 215848064009 5000.00 Icon Insurance.pdf