

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1429602  
Vendor Name: The Lewer Agency, Inc.  
Invoice Number: 485725  
Invoice Date: 1/18/2022  
PO Number:  
Check Number: E0089030  
Check Amount: \$ 77,785.00  
Check Date: 04/06/2022  
Voucher Number: V0733744  
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: 3/3/2022 Vendor ID: 1429602 Vendor Name: The Lower Agency  
 Payee Address: Attn: Student Health Plan 4534 Wornall Rd, Kansas City, MO 64111 Payment Due Date: 3/18/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
	01-00-00000-2300021	Int'l Student Health Ins	77,785.05
<b>Total</b>			<b>\$ 77,785.05</b>

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: Shameica Hall Digitally signed by Shameica Hall  
Date: 2022.03.03 11:35:07 -06'00' Print Name: Shameica Hall  
 Budget Officer: Kathleen Smid Digitally signed by Kathleen Smid  
Date: 2022.03.03 12:10:06 -06'00' Print Name: Kathleen Smid

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable):  Digitally signed by Cesar Flores  
Superior Dean of Enrollment  
Date: 2022.03.03 12:18:39 -06'00' Print Name: Cesar Flores  
 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 Del Rosario Digitally signed by Diana Del Rosario  
Date: 2022.03.03 12:17:50 -06'00' Print Name: \_\_\_\_\_  
 Area Cabinet Officer (only required if request is \$10,000 and over): Mark Curtis Digitally signed by Mark Curtis  
Cabinet Officer  
Date: 2022.03.03 12:08:36 -06'00' Print Name: Chavez  
 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](mailto:invoicing@cod.edu)**



# LewerMark

## Student Insurance

9900 West 109th Street, Suite 200 \* Overland Park, KS 66210  
Telephone: Toll Free 1-800-821-7715 or 816-753-4390

**Bill to:**

COLLEGE OF DUPAGE  
KATHY SMID  
425 FAWEEL BLVD  
GLEN ELLYN, IL 60137

Account Number: LM673  
Invoice Number: 485725  
Invoice Date: 1/18/22

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
					818.79
					818.79
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					818.79
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**ACH Payment:**

The Lewer Agency Inc SIP Premium Account  
Account #:18347  
Routing #:101000019  
Commerce Bank

Total Amount Due:

To avoid delays in the payment of your students' claims, please make any necessary adjustments to this invoice. For instance, if you are removing students from the list, subtract the corresponding premium amount(s) and submit payment for the students remaining on the roster.  
Please review invoice for discrepancies and notify The Lewer Agency of any changes within 7 days. Call us toll free at 1-800-821-7710 or email us at [enrollments@lewer.com](mailto:enrollments@lewer.com). All invoices are due within 60 days of the Invoice Date.



9900 West 109th Street, Suite 200 \* Overland Park, KS 66210  
Telephone: Toll Free 1-800-821-7715 or 816-753-4390

**Bill to:**

COLLEGE OF DUPAGE  
KATHY SM D  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Account Number: LM673  
Invoice Number: 485725  
Invoice Date: 1/18/22

[illegible]

Please review invoice for discrepancies and notify The Lewer Agency of any changes within 7 days. Call us toll free at 1-800-821-7710 or email us at [enrollments@lewer.com](mailto:enrollments@lewer.com). All invoices are due within 60 days of the Invoice Date.



9900 West 109th Street, Suite 200 \* Overland Park, KS 66210  
Telephone: Toll Free 1-800-821-7715 or 816-753-4390

**Bill to:**

COLLEGE OF DUPAGE  
KATHY SM D  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Account Number: LM673  
Invoice Number: 485725  
Invoice Date: 1/ 18/ 22

[illegible]

**ACH Payment:**

The Lower Agency Inc SIP Premium Account  
Account #:18347  
Routing #:101000019  
Commerce Bank

**Total Amount Due:** 77785.05

Please review invoice for discrepancies and notify The Lewer Agency of any changes within 7 days. Call us toll free at 1-800-821-7710 or email us at [enrollments@lewer.com](mailto:enrollments@lewer.com). All invoices are due within 60 days of the Invoice Date.

"Smid, Kathleen" <[smidka@cod.edu](mailto:smidka@cod.edu)>

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**invoice to be paid**

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"Smid, Kathleen" <[smidka@cod.edu](mailto:smidka@cod.edu)>

Wed, Mar 16, 2022 at 06:54 PM GMT

CC:

BCC:

Please find attached a fully signed check request and invoice from Lewer Mark Agency to be paid.

If you need anything further from me, please let me know.

Kathy Smid

Manager, International Student Services/PDSO

College of DuPage

425 Fawell Blvd. // SSC 2225D // Glen Ellyn, IL 60137-6599

630.942.3328 // [smidka@cod.edu](mailto:smidka@cod.edu)

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**1 attachment**

Lewer Check request 2022SP fully signed.pdf