

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215840050365

Invoice Date: 7/26/2022

PO Number:

Check Number: 0301905

Check Amount: \$ 9,667.00

Check Date: 08/25/2022

Voucher Number: V0750423

Document Type: AP Invoice

Document Below



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

INVOICE

Page	1 of 2
Invoice Total	3,651.00 USD
Invoice No.	215840050365
Invoice Date	07/26/2022
Effective Date	07/01/2022
Client No.	2158400000
Installment No.	

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

Billed To:

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	215840050365	Immediate	3,651.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 215840050365 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

2158400503650 000036510064



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

INVOICE

Page	2 of 2
Invoice Total	3,651.00 USD
Invoice No.	215840050365
Invoice Date	07/26/2022
Effective Date	07/01/2022
Client No.	2158400000
Installment No.	

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

Original

Policy Holder: **Illinois Community College Risk Mgmt. Consortium**
Billing Effective Date: **07/01/2022**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
SAFETY NATION	PRP4053580	07/01/2023	Workers Comp	PREMIUM	3,623.00
SAFETY NATION	PRP4053580	07/01/2023	Workers Comp	SURCHARGE	28.00
Invoice Comments: 2022 DuPage Workers Compensation Renewal Invoice					
Invoice Total					3,651.00

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"account.information@marsh.com" <account.information@marsh.com>

[External] Marsh Invoice for College of Dupage - Invoice# 215840050365

"account.information@marsh.com" <account.information@marsh.com>

Tue, Jul 26, 2022 at 05:01 PM GMT

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached is your latest invoice from Marsh. For questions regarding this message, please contact your Marsh Client Servicing Team. Note: the invoice number is also part of the file name. Thank you for choosing Marsh. We value your business. DO NOT REPLY TO THIS MESSAGE. All replies are automatically deleted.

1 attachment

20220726-MARSH_SI-215840050365.pdf

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: 08/24/2022 Vendor ID: 1379495 Vendor Name: Marsh USA Inc
 Payee Address: 62505 Collection Center Dr. Chicago, IL 60693-0625 Payment Due Date: Immediate

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
215842445574	01-90-00762-5605001	Educational - General Institutional - Risk Management Insurance - Ed - General Insurance Expi	6,016.00
215840050365	02-90-00763-5607001	Operations & Maintenance - General Institutional - Risk Management Insurance O&M - Property and Casualty	3,651.00
Total			\$ 9,667.00

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:

Invoice 215842445574: TRAVELER C&S A, Policy 107309372, Coverage Fiduciary Liability PREMIUM, Eff 09/01/2022
 Invoice 215840050365: Workers Compensation Renewal, Client Number 2158400000 SAFETY NATIONAL PRP4053580
 07/01/2023 Workers Comp PREMIUM & SURCHARGE

Other Instructions:

All requests will require the following approvals:

Requester: Yvette Dagen Digitally signed by Yvette Dagen Date: 2022.08.24 12:25:54 -05'00' Print Name: _____
 Budget Officer: Phil Gieschen Digitally signed by Phil Gieschen Date: 2022.08.24 12:37:32 -05'00' Print Name: _____

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

Next Level Supervisor (if applicable): _____ Print Name: _____

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): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): Ellen M. Roberts Digitally signed by Ellen M. Roberts Date: 2022.08.24 14:45:05 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.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215842445574

Invoice Date: 8/3/2022

PO Number:

Check Number: 0301905

Check Amount: \$ 9,667.00

Check Date: 08/25/2022

Voucher Number: V0750424

Document Type: AP Invoice

Document Below



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

INVOICE

Page	1 of 2
Invoice Total	6,016.00 USD
Invoice No.	215842445574
Invoice Date	08/03/2022
Effective Date	09/01/2022
Client No.	2158400000
Installment No.	

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

Billed To:

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Remittance Copy

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Detach and remit this portion with your payment

Client No.	Invoice No.	Payment Due	Invoice Total	Amount Paid
2158400000	215842445574	Immediate	6,016.00 USD	

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

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

2158424455749 000060160082



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

INVOICE

Page	2 of 2
Invoice Total	6,016.00 USD
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Invoice Date	08/03/2022
Effective Date	09/01/2022
Client No.	2158400000
Installment No.	

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

Original
Policy Holder: **Illinois Community College Risk Mgmt. Consortium**
Billing Effective Date: **09/01/2022**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
TRAVELER C&S A	107309372	09/01/2023	Fiduciary Liability	PREMIUM	6,016.00
Invoice Comments: 2022 College of DuPage Fiduciary Renewal					
Invoice Total					6,016.00

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"account.information@marsh.com" <account.information@marsh.com>

[External] Marsh Invoice for College of Dupage - Invoice# 215842445574

"account.information@marsh.com" <account.information@marsh.com>

Wed, Aug 3, 2022 at 09:01 PM GMT

CC:

BCC:

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215840050365	02-90-00763-5607001	Operations & Maintenance - General Institutional - Risk Management Insurance O&M - Property and Casualty	3,651.00
Total			\$ 9,667.00

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