

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082122

Vendor Name: Arthur J Gallagher Risk Management Serv

Invoice Number: 4668291

Invoice Date: 4/24/2023

PO Number:

Check Number: 0311709

Check Amount: \$ 7,000.00

Check Date: 05/09/2023

Voucher Number: V0784381

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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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: _____ Print Name: _____

Budget Officer: _____ 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): _____ 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.

Gallagher Student Health
Quincy, MA 02171
Phone: (617)770-9889

SEQYO1

Invoice # 4668291		1 of 1
ACCOUNT NUMBER		DATE
COLLOFD-08		4/24/2023
BALANCE DUE ON		AMOUNT DUE
4/24/2023		\$7,000.00

College of Du Page
425 Fawell Boulevard
Glen Ellyn, IL 60137



Insurance | Risk Management | Consulting

Student Accident PolicyNumber: GLMN1866043A Company: ACE American Insurance Company Effective: 4/15/2023 to 4/15/2024

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
30530527	4/15/2023	4/24/2023	RENB	Study Abroad	\$7,000.00

Total Invoice Balance: \$7,000.00



Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

SEQYO1

College of Du Page
425 Fawell Boulevard
Glen Ellyn, IL 60137

Invoice # 4668291	
ACCOUNT NUMBER	DATE
COLLOFD-08	4/24/2023
BALANCE DUE ON	AMOUNT DUE
4/24/2023	\$7,000.00
AMOUNT PAID	
<div></div>	

Please send your remittance to:

Gallagher Student Health
PO Box 74715
Chicago, IL 60694-4715



Insurance | Risk Management | Consulting

"McKellin, Maren" <mckellin@cod.edu>

Invoice - Gallagher Student Health

"McKellin, Maren" <mckellin@cod.edu>

Thu, Apr 27, 2023 at 04:22 PM UTC

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

Check request 2023 2024 policya.pdf