

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082122
Vendor Name: Arthur J Gallagher Risk Management Serv
Invoice Number: 5399424
Invoice Date: 12/17/2024
PO Number:
Check Number: 0333517
Check Amount: \$ 1,028.88
Check Date: 01/07/2025
Voucher Number: V0864114
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 2.21, Vendor Payment.

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 \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Gallagher Student Health & Special Risk - GAIS, Inc
Quincy, MA 02171
Phone:

SEQYO1

Invoice #	5399424	1 of 1
ACCOUNT NUMBER	DATE	
COLLOFD-08	12/16/2024	
BALANCE DUE ON	AMOUNT DUE	
12/16/2024	\$1,028.88	

College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137



Student Accident	PolicyNumber:	GLMN1866043A	Company:	ACE American Insurance Company	Effective:	4/15/2024 to 4/15/2025
Item #	Trans Eff Date	Due Date	Trans	Description	Amount	
36719777	4/15/2024	12/16/2024	AUDT	Study Abroad	\$1,028.88	
Total Invoice Balance:					\$1,028.88	



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

SEQYO1

College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137

Invoice #	5399424
ACCOUNT NUMBER	DATE
COLLOFD-08	12/16/2024
BALANCE DUE ON	AMOUNT DUE
12/16/2024	\$1,028.88
AMOUNT PAID	

Please send your remittance to:

Gallagher Student Health & Special Risk - GAIS, Inc
PO Box 74715
Chicago, IL 60694-4715



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

Check Request - Gallagher

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

Tue, Dec 17, 2024 at 09:36 PM UTC

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

BCC:

Please pay the attached.

Thanks,

Maren

1 attachment

2024 2025 invoice 2.pdf