

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215845132877

Invoice Date: 03/20/18

PO Number:

Check Number: 0235247

Check Amount: \$ 2,648.00

Check Date: 04/26/2018

Department ID: 00837

Reviewer Name:

Voucher Number: V0510372

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

*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 Vendor Payment - Check Request Procedure No. 10-65*

Date: 4/24/2018  
Vendor ID: 1379495

[illegible]

<b>AP VERIFIED</b>				
<b>04/26/18 - BETHANY CRUSE</b>		<b>Grand Total</b>		
--- \$1,000 and Greater: Approval of Division Vice President Required ---				

**Check the appropriate box below and sign**

- ☒ 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.

Payee Name: Marsh USA Inc.

**Payee Address:** 62505 Collection Center Drive,  
Chicago, IL 60693-0625

Other Instructions: **Manual Check Request**

X Brian W. Caputo


**Brian W. Caputo, Ph.D., C.P.A.**  
Vice President/CFO  
Administrative Affairs

**Description on Check:**

Client No. 2158400000 Invoice No. 215845132877

**Approvals:**

Prepared By: Yvette Dagen  
Signature: Yvette Dagen  
Payment Due: Immediately

Approved By: Phil Gleschen Date: 4-25-18  
Signature:  Date: 4-25-18  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approved Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

003  
01.02.4

0338



# INVOICE

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

Page	1 of 2
Invoice Total	2,648.00 USD
Invoice No.	215845132877
Invoice Date	03/20/2018
Effective Date	03/19/2018
Client No.	2158400000
Installment No.	

Billed To: Brian W. Caputo, VP of Administration & Treasurer - CFO  
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	215845132877	Immediate	2,648.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 215845132877 on your remittance.

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

2158451328774 000026480021



# INVOICE

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

Page	2 of 2
Invoice Total	2,648.00 USD
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Effective Date	03/19/2018
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Billed To: **Brian W. Caputo, VP of Administration & Treasurer - CFO**  
College of Dupage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

**Original**  
Policy Holder: Illinois Community College Risk Mgmt. Consortium  
Billing Effective Date: 03/19/2018

Insurer	Policy No. / Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
ACE AMER INS	G2480558A004	03/19/2019	Above/Ungrd Stor Lia	PREMIUM	2,648.00
Invoice Total					2,648.00

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.

## Dagen, Yvette

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**From:** Gieschen, Philip  
**Sent:** Tuesday, April 24, 2018 10:30 AM  
**To:** Dagen, Yvette  
**Cc:** 'Kenny, Kate'  
**Subject:** FW: Storage Tank Invoice  
**Attachments:** INVOICE\_215845132877\_0\_20180320\_144222.pdf  
**Categories:** Wait for Response

Please put this through Accounts Payable. This is the first I have seen an invoice.

Kate, I will expedite the payment.

Phil Gieschen  
Coordinator of Risk Management  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
630/942-2993  
giesche@cod.edu

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-----Original Message-----

From: Kenny, Kate <Kate.Kenny@marsh.com>  
Sent: Tuesday, April 24, 2018 8:30 AM  
To: Gieschen, Philip <giesche@cod.edu>  
Subject: Storage Tank Invoice

Hi Phil,

The UST carrier is threatening cancellation unless the payment is made, please see attached and let me know when we can expect this payment. Thanks!

Kate

Kate Weisenberger Kenny  
Senior Vice President  
Marsh  
540 West Madison Street, Suite 1200, Chicago, IL 60661, USA  
+1 312 627 6524 | Fax +1 312 627 6172 | kate.kenny@marsh.com  
www.marsh.com