

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1429602

Vendor Name: The Lewer Agency, Inc.

Invoice Number: 062518

Invoice Date: 06/25/18

PO Number:

Check Number: E0068037

Check Amount: \$ 976.77

Check Date: 07/05/2018

Department ID: 00000

Reviewer Name:

Voucher Number: V0517899

Redaction Type: Other

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

Document Below

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

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. 40-65

Date: 6/25/2018
Vendor ID: 1429502

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
464200		01	00	00000	2300021	Int'l Student HLTH Ins	\$ 976.77

Grand Total \$ 976.77

AP VERIFIED

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.
If 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: The Lower Agency
ATTN: Student Health Plan
4534 Wornall Road
Payee Address: Kansas City, MO 64111

Other
Instructions: _____

Description on Check:

--

Approvals:

Prepared By: Kevin Hickey
Signature: KH 6/25/18
Payment Due: _____
Board Approved Date: _____

Approved By: [Signature] Date: 6/26/18
Signature: [Signature] Date: _____
Approved By Division VP: _____ Date: _____
Signature: _____

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



Bill to:

Account Number: 673
Invoice Number: 464200
Invoice Date: 5/29/18

Remit Payment to:

Total Amount Due: 976.77

Please review invoice for discrepancies and notify the Lower Agency of any changes within 7 days. Call us toll free at 1-800-821-7710. You may now access your bill online. Simply log in to your on-line account by pointing your browser to <http://www.lewermark.com/Default.aspx>