

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 552185145971

Invoice Date: 11/05/19

PO Number:

Check Number: 0266670

Check Amount: \$ 3,028.00

Check Date: 04/14/2020

Department ID: 00833

Reviewer Name: Vera Humphrey

Voucher Number: V0594645

Redaction Type: None

Document Type: AP Invoice

Document Below



INVOICE

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

| | |
|---------------|--------------|
| Page | 1 of 2 |
| Invoice Total | (323.00) USD |
| Invoice No. | 552185145971 |
| Invoice Date | 11/05/2019 |
| Client No. | 5521846219 |

Billed To: Scott Brady
College of Dupage
425 Fawell Blvd
SRC 2130L
Glen Ellyn, IL 60137



Company 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 |
|------------|--------------|-------------------|---------------|-------------|
| 5521846219 | 552185145971 | Credit DO NOT PAY | (323.00) USD | |

Thank you for your prompt payment.

Please indicate Invoice 552185145971 on your remittance to:

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

5521851459716 000003230020



INVOICE

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

| | |
|---------------|--------------|
| Page | 2 of 2 |
| Invoice Total | (323.00) USD |
| Invoice No. | 552185145971 |
| Invoice Date | 11/05/2019 |
| Client No. | 5521846219 |

Billed To: **Scott Brady**
College of Dupage
425 Fawell Blvd
SRC 2130L
Glen Ellyn, IL 60137



| Surety Name | Bond No. | Effective Date | Expiration Date | Transaction Type | Description/Type of Coverage | Item | Amount |
|--|-----------|----------------|-----------------|------------------|------------------------------|---------|-----------------|
| Liberty Mutual Insurance Co | 404227857 | 01/01/2019 | 01/01/2020 | Cancellation | Commercial Bond | PREMIUM | (323.00) |
| Invoice Comments: Principal: Scott L. Brady Obligee: College of DuPage Community College District 502 Bond Amount: \$0.00 Bond Type - Description: Public Official Bond - Treasurer of Special Issue Bond - Working Cash Fund Requester: Vera Humphrey Transaction Effective Date: 07/31/2019 | | | | | | | |
| Invoice Total (Payable in Full upon Receipt) | | | | | | | (323.00) |

Company 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.

College of DuPage - Accounts Payable
Check Request Form
revised 1/11/19

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: 2/6/2019
Vendor ID: 1379495

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|------------------------|----------------|
| 552181739001 | n/a | 01 | 90 | 00833 | 5605001 | General Insurance Exps | \$ (15,015.00) |
| 552182127322 | n/a | 01 | 90 | 00833 | 5605001 | General Insurance Exps | \$ (149.00) |
| 552184784252 | n/a | 01 | 90 | 00833 | 5605001 | General Insurance Exps | \$ 765.00 |
| 552182888924 | n/a | 01 | 90 | 00833 | 5605001 | General Insurance Exps | \$ 77,000.00 |

Grand Total \$ 62,601.00

--- \$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
Payee Address: 62505 Collection Center Dr
Chicago, IL 60693-0625

Other
Instructions:

*Manual check - Return
to Heather Greenbusch*

X

Description on Check:

treasurer surety bond - update from Brian Caputo to Scott Brady, term 1/1/19 - 1/1/20

Ellen M. Roberts

**Interim Vice President
Administrative Affairs**

Approvals:

Prepared By: Heather Greenbusch

Approved By:

Date:

Signature:

Signature:

2/6/19

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

Voucher 550522



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

INVOICE

| | |
|---------------|--------------|
| Page | 2 of 2 |
| Invoice Total | 765.00 USD |
| Invoice No. | 552184784252 |
| Invoice Date | 01/02/2019 |
| Client No. | 5521846219 |

Billed To: **Phillip Gleschen**
College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

| Surety Name | Bond No. | Effective Date | Expiration Date | Transaction Type | Description/ Type of Coverage | Item | Amount |
|--|-----------|----------------|-----------------|------------------|-------------------------------|---------|--------|
| Liberty Mutual Insurance Co | 404227857 | 01/01/2019 | 01/01/2020 | Original | Commercial Bond | PREMIUM | 765.00 |
| Invoice Comments: Principal: Scott L. Brady Obligee: College of DuPage Community College District 502 Bond Amount: \$765,000.00 Bond Type - Description: Public Official Bond - Treasurer of Special Issue Bond - Working Cash Fund Requester: Vera Humphrey | | | | | | | |
| Invoice Total (Payable in Full upon Receipt) | | | | | | | 765.00 |

Company 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.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215845121310

Invoice Date: 03/23/20

PO Number:

Check Number: 0266670

Check Amount: \$ 3,028.00

Check Date: 04/14/2020

Department ID: 00837

Reviewer Name: None

Voucher Number: V0609835

Redaction Type: Other

Document Type: AP Invoice

Document Below

From: account.information@marsh.com
Sent: Mon Mar 23 06:46:04 CDT 2020
To: invoicing@cod.edu,giesche@cod.edu,humphreyv@cod.edu
CC:
Subject: Marsh Invoice for College of Dupage - Invoice# 215845121310

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.

[attachment: 20200323-MARSH_SI-215845121310.pdf]

APPROVED
03/25/20 - SCOTT BRADY



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

INVOICE

| | |
|-----------------|--------------|
| Page | 1 of 2 |
| Invoice Total | 3,351.00 USD |
| Invoice No. | 215845121310 |
| Invoice Date | 03/23/2020 |
| Effective Date | 03/19/2020 |
| Client No. | 2158400000 |
| Installment No. | |

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

APPROVED
03/25/20 - SCOTT BRADY

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 | 215845121310 | Immediate | 3,351.00 USD | |

Thank you for your prompt payment.

Please indicate Invoice Number 215845121310 on your remittance.

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

By ACH:

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

2158451213107 000033510035



INVOICE

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

| | |
|-----------------|--------------|
| Page | 2 of 2 |
| Invoice Total | 3,351.00 USD |
| Invoice No. | 215845121310 |
| Invoice Date | 03/23/2020 |
| Effective Date | 03/19/2020 |
| Client No. | 2158400000 |
| Installment No. | |

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

Billed To:

Original

Policy Holder: **Illinois Community College Risk Mgmt. Consortium**
Billing Effective Date: **03/19/2020**

| Insurer | Policy No./ Project No. | Expiration Date | Description/Type of Coverage | Item | Amount |
|---------------|-------------------------|-----------------|------------------------------|---------|----------|
| ACE AMER INS | G2480558A006 | 03/19/2021 | Above/Ungrd Stor Lia | PREMIUM | 3,351.00 |
| Invoice Total | | | | | 3,351.00 |

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.

From: cruseb199@cod.edu
Sent: Mon Mar 23 16:31:31 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: MARSH 215845121310

From: Gieschen, Philip <giesche@cod.edu>
Sent: Monday, March 23, 2020 4:22 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: Fw: MARSH 215845121310

Hi Bethany,

Can you process using the GL 02-90-00837-5607001 provided by Bob?

Thanks, Phil

From: Hayley, Robert
Sent: Monday, March 23, 2020 4:05 PM
To: Gieschen, Philip
Subject: RE: MARSH 215845121310

Phil,

Please use account 02-90-00837-5607001. There is \$56K available in that account.

-Bob

From: Gieschen, Philip <giesche@cod.edu>
Sent: Monday, March 23, 2020 3:46 PM
To: Hayley, Robert <hayleyr@cod.edu>
Subject: Fw: MARSH 215845121310

Hi Bob,

This invoice is for insurance coverage for our underground storage tanks for petrol/gas. It is a stand alone from our Consortium insurance but is an annual renewal. Should I use a GL assigned by you to pay this no different than the other renewals? I don't believe I build these into my budget.

Thanks, Phil

From: Cruse, Bethany
Sent: Monday, March 23, 2020 1:42 PM
To: Gieschen, Philip
Subject: MARSH 215845121310

Phil,
FYI. If you would like me to route this thru perceptives for an approval stamp please provide P0# or GL# otherwise I assume you will process thru interoffice once COD reopens.

Thanks

Bethany Cruse
AP Lead
College Of DuPage