

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1201034  
Vendor Name: Delta Dental of Illinois  
Invoice Number: 1334215  
Invoice Date: 04/06/20  
PO Number:  
Check Number: E0080090  
Check Amount: \$ 45,858.32  
Check Date: 05/12/2020  
Department ID: 00000  
Reviewer Name:  
Voucher Number: V0622407  
Redaction Type: Other  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: zerrudom@cod.edu  
Sent: Tue May 12 09:19:02 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: March benefit invoices for payments  
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**From:** Marek, Robert  
**Sent:** Tuesday, May 12, 2020 8:41 AM  
**To:** Invoicing <invoicing@cod.edu>; Refakes, Eugene <refakese@cod.edu>  
**Cc:** Barrios, Isabel <barriosi142@cod.edu>; Zerrudo, Maria <zerrudom@cod.edu>; Cruse, Bethany <cruseb199@cod.edu>; Vosicky, Judith <vosicky@cod.edu>; O'Reilly, Lisa <oreillyl7@cod.edu>  
**Subject:** FW: March benefit invoices for payments  
**Importance:** High

Good morning—

Please see the attached PDF for the following benefits check requests from HR for the month of March:

Community College Health Consortium  
Delta Dental  
Vision Service Plan  
Reliance Standard  
Navia  
UNUM

Eugene, if you can please have AP process these as soon as possible, it would be much appreciated.

Thank you,

Bobby Marek  
**Senior Accountant | Financial Affairs**  
**College of DuPage**  
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599  
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

**From:** O'Reilly, Lisa <oreillyl7@cod.edu>  
**Sent:** Tuesday, May 12, 2020 8:24 AM  
**To:** Marek, Robert <marekr@cod.edu>  
**Subject:** March benefit invoices for payments  
**Importance:** High

Hi Bobby,

Finally received the signed docs for March benefits payments but couldn't find the email address for AP. So, I'm asking you for assistance in distributing or processing for payment. On to the April bills!

Thanks for your assistance in getting these paid. I really appreciate it!

Lisa

Lisa

**College of DuPage - Accounts Payable**

Check Request Form

revised 1/9/19

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: 4/6/2020  
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
1334215	Mar claims	01	00	00000	2101036	Dental PPO Premium 01/01/17	\$ 40,600.29
1334215	Delta Dental Admin fees	01	90	00835	5201010	Service Fee-Dent	\$ 2,926.17
1332176	Apr premiums	01	00	00000	2101037	Dental DMO Premium 01/01/17	\$ 2,331.86
Grand Total							\$ 45,858.32

--- \$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: Delta Dental of Illinois - ASC  
Payee Address: PO Box 803877  
Chicago, IL 60680-3877

Other Instructions:

Description on Check:

11451 Mar Claims/Apr premiums

**Approvals:**

Prepared By: Lisa O'Reilly  
Signature: *Lisa O'Reilly*  
Payment Due: ASAP  
Board Approved Date:

Approved By: Beth O'Brien Date:  
Signature: *Elizabeth L O'Brien*  
Approved By: Linda Sands-VanKerk Date:  
Signature: *LSV*  
Approved By Division VP: Date:  
Signature:

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



111 Shuman Boulevard  
Naperville, IL 60563  
(800) 323-1743

COLLEGE OF DUPAGE-DO NOT USE
LISA O'REILLY
425 FAWELL AVE
GLEN ELLYN IL 60137-0000



The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the conclusions and implications of the findings.

The study was conducted using a quantitative research design. Data was collected from a sample of 100 participants using a survey questionnaire. The data was then analyzed using statistical software to determine the relationships between the variables of interest.

The results of the study indicate that there is a significant positive relationship between the variables of interest. This finding is consistent with the previous research in the field. The implications of these findings suggest that the variables of interest are important factors in the study of the topic.

In conclusion, the study has shown that the variables of interest are important factors in the study of the topic. The findings of the study have implications for future research in the field.



