

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 215846755109

Invoice Date: 08/04/21

PO Number:

Check Number: 0283860

Check Amount: \$ 5,856.00

Check Date: 08/17/2021

Department ID: 00763

Reviewer Name:

Voucher Number: V0693483

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable  
Check Request Form  
revised 1/29/2021

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 - Non-Purchase Order Procedure No. 10-65

Date: 8/4/2021  
Vendor ID: \_\_\_\_\_

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
215846755109	02	90	00763	5605001	General Insurance Exps	\$ 3,734.00
Grand Total						\$ 3,734.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

**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. 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.

**08/05/21 - BETHANY CRUSE**

Payee Name: Marsh USA Inc.  
  
Payee Address: 62505 Collection Center Drive  
Chicago, IL 60693

Other Instructions: Payee has ACH

Description on Check:

Out of State Worker's Compensation Renewal

Approvals:

Prepared By: Philip Gieschen  
  
Signature: \_\_\_\_\_  
Payment Due: 8/4/2021  
  
Board Approved Date: \_\_\_\_\_

Approved By: Philip Gieschen Date: \_\_\_\_\_  
Signature: *Philip Gieschen* 8/4/2021  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: *Eileen M. Roberts* 8.4.2021

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

-----  
From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Wed Aug 04 15:53:10 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Fw: WC Renewal  
-----

Thanks

Bethany Cruse  
AP Lead  
College of DuPage  
630-942-4294

---

**From:** Gieschen, Philip  
**Sent:** Wednesday, August 4, 2021 3:32:16 PM  
**To:** Cruse, Bethany  
**Subject:** Fw: WC Renewal

Hi Bethany,. Ellen approved the attached check request but I also was notified by invoice now that Ellen approved the invoice too.

---

**From:** Roberts, Ellen  
**Sent:** Wednesday, August 4, 2021 2:41:10 PM  
**To:** Gieschen, Philip  
**Subject:** FW: WC Renewal

Phil,

Attached please find the signed form.

Thank you,

Ellen

Ellen M. Roberts  
Vice President, Administrative Affairs  
**College of DuPage**  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
[roberts@cod.edu](mailto:roberts@cod.edu)  
630-942-2218

---

**From:** Gieschen, Philip <giesche@cod.edu>  
**Sent:** Wednesday, August 4, 2021 10:18 AM  
**To:** Roberts, Ellen <roberts@cod.edu>  
**Subject:** WC Renewal

Ellen,

Please sign and return first attachment for payment of the attached invoice for out of state worker's compensation renewal.

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

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[attachment: 20210802-MARSH\_SI-215846755109.pdf]  
[attachment: 0478\_001.pdf]



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

# INVOICE

Page	1 of 2
Invoice Total	3,734.00 USD
Invoice No.	215846755109
Invoice Date	08/02/2021
Effective Date	07/01/2021
Client No.	2158400000
Installment No.	

Billed To: Phil Geischen  
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	215846755109	Immediate	3,734.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 215846755109 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

2158467551098 000037340028



# INVOICE

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

Page	2 of 2
Invoice Total	3,734.00 USD
Invoice No.	215846755109
Invoice Date	08/02/2021
Effective Date	07/01/2021
Client No.	2158400000
Installment No.	

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

## Original

Policy Holder: Illinois Community College Risk Mgmt. Consortium  
Billing Effective Date: 07/01/2021

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
SAFETY NATION	PRP4053580	07/01/2022	Workers Comp	PREMIUM	3,710.00
SAFETY NATION	PRP4053580	07/01/2022	Workers Comp	PREMIUM TAX	24.00
<b>Invoice Comments:</b>					
2021-2022 College of DuPage Workers Compensation Renewal Invoice					
Invoice Total					3,734.00

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.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1379495

Vendor Name: Marsh USA Inc.

Invoice Number: 7915901579

Invoice Date: 07/28/21

PO Number:

Check Number: 0283860

Check Amount: \$ 5,856.00

Check Date: 08/17/2021

Department ID: 00763

Reviewer Name:

Voucher Number: V0693944

Redaction Type: None

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

Document Below



College of DuPage - Accounts Payable  
Check Request Form  
revised 1/29/2021

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 - Non-Purchase Order Procedure No. 10-65**

Date: 8/5/2021  
Vendor ID:

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
7915901579	02	90	00763	5605001	General Insurance Exps	\$ 2,122.00

Grand Total \$ 2,122.00

**AP VERIFIED**

08/16/21 - BETHANY CRUSE

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

Other  
Instructions:

Marsh participates in ACH

Description on Check:

Underground Storage Tank Ins. Renewal.

Approvals:

Prepared By: Philip Gieschen

Signature:

Payment Due: 8/5/2021

Board Approved Date:

Approved By: Philip Gieschen

Signature:

Approved By:

Signature:

Approved By Division VP: Ellen Roberts

Signature:

Date:  
08/05/2021

Date:

Date:

8.6.2021

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



-----  
From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Mon Aug 16 08:32:52 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Underground Storage Tanks Renewal  
-----

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**From:** Gieschen, Philip <giesche@cod.edu>  
**Sent:** Friday, August 6, 2021 8:58 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** FW: Underground Storage Tanks Renewal

Hi Bethany,

Attached are the check request and invoice for processing. Thanks.

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

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**From:** Roberts, Ellen <[roberts@cod.edu](mailto:roberts@cod.edu)>  
**Sent:** Friday, August 06, 2021 8:57 AM  
**To:** Gieschen, Philip <[giesche@cod.edu](mailto:giesche@cod.edu)>  
**Subject:** FW: Underground Storage Tanks Renewal

Good morning, Phil –

Attached please find the signed form.

Thank you,

Ellen

Ellen M. Roberts  
Vice President, Administrative Affairs  
**College of DuPage**  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
[roberts@cod.edu](mailto:roberts@cod.edu)  
630-942-2218

**From:** Gieschen, Philip <[giesche@cod.edu](mailto:giesche@cod.edu)>  
**Sent:** Thursday, August 5, 2021 12:26 PM  
**To:** Roberts, Ellen <[roberts@cod.edu](mailto:roberts@cod.edu)>  
**Subject:** Underground Storage Tanks Renewal

Ellen,

Please sign the attached check request form for our underground storage tank ins. renewal (invoice attached).

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

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[attachment: Dupage 3.19.21 Storage Tank Invoice - Draft.pdf]  
[attachment: CHECK REQUEST FORM UST (20).pdf]



# INVOICE

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

Page	1 of 2
Invoice Total	2,122.00 USD
Invoice No.	7915901579
Invoice Date	07/28/2021
Effective Date	03/19/2021
Client No.	2158400000
Installment No.	

Billed To: Phil Geischen  
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	7915901579	Immediate	2,122.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 7915901579 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: XXXXXX XXXXXX  
ACH Routing No: 000000  
Account Title: XXXXXX  
Account Number: 0000000000

By Wire: Bank Name: XXXXXX XXXXXX  
Wire Routing Number: 000000  
Account Title: XXXXXX  
Account Number: 0000000000

By Mail: XXXXXX  
XXXXXX  
XXXXXX, XXXXXX 00000 XXXXXX

0079159015799 000021220007



# INVOICE

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

Page	2 of 2
Invoice Total	2,122.00 USD
Invoice No.	7915901579
Invoice Date	07/28/2021
Effective Date	03/19/2021
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: **03/19/2021**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
ILLINOIS UNION	G72513605001	03/19/2022	Above/Ungrd Stor Lia	PREMIUM	2,122.00
<b>Invoice Comments:</b> 03/19/2021-03/19/2022 College of DuPage Storage Tank Renewal Invoice					
Invoice Total					2,122.00

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.

**College of DuPage - Accounts Payable**

**Check Request Form**

**Notes:**

**Processing a Check Request**

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.