

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1379495 **Vendor Name:** Marsh USA Inc.

**Check Details:**

**Check Number:** 0346370 **Check Amount:** \$ 4,709.00 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** 552187360831 **Invoice Date:** 10/22/2025 **PO Number:** NULL **Voucher Number:** V0911506

**Document Type:** AP Invoice

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**Document Below**



**Marsh USA LLC**  
Chicago IL  
(312) 627-6000

# INVOICE

Page	1 of 2
Invoice Total	(1,379.00) USD
Invoice No.	552187360831
Invoice Date	10/22/2025
Client No.	5521846219

**College of DuPage**  
College of Dupage  
425 Fawell Blvd  
SRC 2130L  
Glen Ellyn, IL 60137

Billed To:

## Remittance Copy

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	552187360831	Credit DO NOT PAY	(1,379.00) USD	

**Thank you for your prompt payment.**

**Please indicate Invoice Number 552187360831 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 LLC  
**Account Number:** 8188190995

By Wire: **Bank Name:** Bank of America  
**Wire Routing Number:** 026009593  
**Account Title:** Marsh USA LLC  
**Account Number:** 8188190995

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

552187360831 000013790055



# INVOICE

**Marsh USA LLC**  
Chicago IL  
(312) 627-6000

Page	2 of 2
Invoice Total	(1,379.00) USD
Invoice No.	552187360831
Invoice Date	10/22/2025
Client No.	5521846219

**College of DuPage**  
College of Dupage  
425 Fawell Blvd  
SRC 2130L  
Glen Ellyn, IL 60137

Billed To:

Surety Name	Bond No.	Effective Date	Expiration Date	Transaction Type	Description/ Type of Coverage	Item	Amount
Ohio Casualty Insurance Co	404227858	01/01/2025	01/01/2026	Endorsement	Commercial Bond	PREMIUM	(1,379.00)
<b>Invoice Comments:</b>  Principal:Scott L. Brady Obligee:College of DuPage, Community College District No. 502 Bond Amount: \$75,000,000.00 Bond Type - Description:Public Official - Public Official Bond - Treasurer Requester:Scott L. Brady Transaction Effective Date:10/21/2025 10/21/2025 - decreasing bond amt to \$75M							
Invoice Total (Payable in Full upon Receipt)							(1,379.00)

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.

"account.information@marsh.com" <account.information@marsh.com>

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**[External] Marsh Invoice for College of Dupage - Invoice# 552187360831**

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"account.information@marsh.com" <account.information@marsh.com>

Wed, Oct 22, 2025 at 02:02 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

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.

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**1 attachment**

20251022-MARSH\_SU-552187360831.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1379495 **Vendor Name:** Marsh USA Inc.

**Check Details:**

**Check Number:** 0346370 **Check Amount:** \$ 4,709.00 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** 215844168492 **Invoice Date:** 10/31/2025 **PO Number:** NULL **Voucher Number:** V0912915

**Document Type:** AP Invoice

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**Document Below**



**Marsh USA LLC**  
Chicago IL  
(312) 627-6000

# INVOICE

Page	1 of 2
Invoice Total	6,088.00 USD
Invoice No.	215844168492
Invoice Date	10/29/2025
Effective Date	09/01/2025
Client No.	2158400000
Installment No.	

Billed To: **Ellen Roberts**  
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	215844168492	Immediate	6,088.00 USD	

**Thank you for your prompt payment.**

**Please indicate Invoice Number 215844168492 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 LLC  
**Account Number:** 8188190995

By Wire: **Bank Name:** Bank of America  
**Wire Routing Number:** 026009593  
**Account Title:** Marsh USA LLC  
**Account Number:** 8188190995

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

2158441684923 000060880017



# INVOICE

**Marsh USA LLC**  
Chicago IL  
(312) 627-6000

Page	2 of 2
Invoice Total	6,088.00 USD
Invoice No.	215844168492
Invoice Date	10/29/2025
Effective Date	09/01/2025
Client No.	2158400000
Installment No.	

**Ellen Roberts**  
College of Dupage  
425 Fawell Boulevard  
Glen Ellyn, IL 60137

Billed To:

**Original**  
Policy Holder: **Illinois Community College Risk Mgmt. Consortium**  
Billing Effective Date: **09/01/2025**

Insurer	Policy No./ Project No.	Expiration Date	Description/Type of Coverage	Item	Amount
TRAVELER C&S A	107309372	09/01/2027	Fiduciary Liability	PREMIUM	6,088.00
<b>Invoice Comments:</b> College of Dupage Fiduciary Policy #107309372   Installment #1					
Invoice Total					6,088.00

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.

"account.information@marsh.com" <account.information@marsh.com>

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**[External] Marsh Invoice for College of Dupage - Invoice# 215844168492**

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"account.information@marsh.com" <account.information@marsh.com>

Wed, Oct 29, 2025 at 10:17 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

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.

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**1 attachment**

20251029-MARSH\_SI-215844168492.pdf



## Check Request Form

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 Administrative Procedure 2.21, Vendor Payment.

Date: 10/31/2025 Vendor ID: 1379495 Vendor Name: MARSH USA INC.  
 Payee Address: 62505 Collection Center Dr. Chicago, IL, 60693-0625 Payment Due Date: Immediate

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
215844168492	0190007625202001	Risk Management Insurance - Ed-Workers Compensation Ins	6,088.00
Total			\$ 6,088.00

Check the appropriate box below:

- ☒ 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.

Description on Check:

Client No. 2158400000, Invoice No. 215844168492, Invoice Date 10/29/2025, Effective Date 09/01/2025, Policy Holder: Illinois Community College Risk Mgmt. Consortium, Insurer TRAVELER C&S A, Policy No./ Project No. 10730, Expiration Date 09/01/2027, Description/Type of Coverage Fiduciary Liability, Invoice Comments: Installment #1

Other Instructions:

### All requests will require the following approvals:

Requester: Yvette Dagen Digitally signed by Yvette Dagen Date: 2025.10.31 11:47:10 -0500 Print Name: Yvette Dagen

Budget Officer: Matthew Rather Digitally signed by Matthew Rather Date: 2025.10.31 11:57:36 -0500 Print Name: Matthew Rather

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$25,000 and over): Ellen M. Roberts Print Name: Ellen Roberts

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

Return approved request and all supporting documentation to Accounts Payable (SAC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)