

Information:

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

Check Details:

Check Number: 0347054 **Check Amount:** \$ 75,000.00 **Check Date:** 12/9/2025

Invoice Details:

Invoice Number: 552188283153 **Invoice Date:** 11/26/2025 **PO Number:** NULL **Voucher Number:** V0915778

Document Type: AP Invoice

Document Below

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: 12/3/2025 Vendor ID: 1379495 Vendor Name: MARSH 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
552188283153	01-90-00762- 5605001	Risk Management Insurance - Ed : General Insurance Exps	75,000.00
Total			\$ 75,000.00

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:

Public Official Bond: Treasurer Bond, Invoice: 552188283153

Other Instructions:

All requests will require the following approvals:

Requester: Heather Greenbusch Digitally signed by Heather Greenbusch
 Date: 2025.12.03 08:31:19 -06'00' Print Name: Heather Greenbusch
 Budget Officer: Scott Brady Digitally signed by Scott Brady
 Date: 2025.12.03 08:57:41 -06'00' Print Name: _____

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 Digitally signed by Ellen M. Roberts
 Date: 2025.12.03 10:11:17 -06'00' Print Name: Ellen Roberts

Board Approval Date (only required if request is \$25,000 and over): 11/18/2025

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu



Marsh USA LLC
Chicago IL
(312) 627-6000

INVOICE

Page	1 of 2
Invoice Total	75,000.00 USD
Invoice No.	552188283153
Invoice Date	11/26/2025
Client No.	5521846219

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

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	552188283153	Immediate	75,000.00 USD	

Thank you for your prompt payment.

Please indicate Invoice Number 552188283153 on your remittance.

Additionally, for ACH or wire payments, e-mail remittance detail to: 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

5521882831539 000750000075



INVOICE

Marsh USA LLC
Chicago IL
(312) 627-6000

Page	2 of 2
Invoice Total	75,000.00 USD
Invoice No.	552188283153
Invoice Date	11/26/2025
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	01/01/2026	01/01/2027	Original	Commercial Bond	PREMIUM	75,000.00
Invoice Comments: 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							
Invoice Total (Payable in Full upon Receipt)							75,000.00

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.

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

"Maday, Kari" <madayk2239@cod.edu>

Attached Image

"Maday, Kari" <madayk2239@cod.edu>

Thu, Dec 4, 2025 at 02:30 PM UTC

CC:

BCC:

1 attachment

1345_001.pdf