

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1086218 **Vendor Name:** Illinois Community College Risk Management Consortium,ICCRMC

**Check Details:**

**Check Number:** 0346541 **Check Amount:** \$ 425.00 **Check Date:** 11/18/2025

**Invoice Details:**

**Invoice Number:** 389 **Invoice Date:** 11/9/2025 **PO Number:** NULL  
**Voucher Number:** V0913975

**Document Type:** AP Invoice

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**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: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

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:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ 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): \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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

# 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.

ICCRMC

c/o Nugent Consulting Group  
2409 Peachtree Lane  
IL 60062

Invoice

Date	Invoice #
11/9/2025	389

Bill To
College of DuPage Ellen Roberts 425 22nd Street Glen Ellyn, IL 60137

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	October ELL Deductibles	425.00	425.00
		Total	\$425.00

"Dagen, Yvette" <dageny@cod.edu>

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**FW: October ELL Deductible Invoice**

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"Dagen, Yvette" <dageny@cod.edu>

Mon, Nov 10, 2025 at 08:52 PM UTC

CC: Rather, Matt <ratherm@cod.edu>

BCC:

Hi

Please process check for insurance payment.

Thank you!

Yvette Dagen

Administrative Assistant

Environmental Health Safety & Risk Management

630.942.2996 | 630.942.3208 | CMC1000 | [dageny@cod.edu](mailto:dageny@cod.edu)

On Campus M -Th l Remote F

Upcoming DOO

11/12/25 p.m.

11/24/25 a.m.

11/25/25 p.m.

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**From:** Rather, Matt <ratherm@cod.edu>  
**Sent:** Monday, November 10, 2025 2:38 PM  
**To:** Dagen, Yvette <dageny@cod.edu>  
**Subject:** RE: October ELL Deductible Invoice

Here you go. Thanks!

Matthew D Rather

Environmental Health Safety & Risk Management Manager

Environmental Health Safety & Risk Management

630.942.2993 | Cell: 815-988-6975 | CMC1040 | [ratherm@cod.edu](mailto:ratherm@cod.edu)

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**From:** Dagen, Yvette <[dageny@cod.edu](mailto:dageny@cod.edu)>  
**Sent:** Monday, November 10, 2025 1:07 PM  
**To:** Rather, Matt <[ratherm@cod.edu](mailto:ratherm@cod.edu)>  
**Subject:** October ELL Deductible Invoice

Hi

You're up for signature. Return to me and I'll send to accounting. Invoice is attached to check request.

Yvette

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**From:** Rather, Matt <[ratherm@cod.edu](mailto:ratherm@cod.edu)>  
**Sent:** Monday, November 10, 2025 7:32 AM  
**To:** Dagen, Yvette <[dageny@cod.edu](mailto:dageny@cod.edu)>  
**Cc:** Michael Nugent <[nugentlc@comcast.net](mailto:nugentlc@comcast.net)>  
**Subject:** FW: [External] Invoice

Yvette,

Please put this into the system for payment.

Thanks,

Matt

Matthew D Rather

Environmental Health Safety & Risk Management Manager

Environmental Health Safety & Risk Management

**From:** [nugentlc@comcast.net](mailto:nugentlc@comcast.net) <[nugentlc@comcast.net](mailto:nugentlc@comcast.net)>

**Sent:** Sunday, November 9, 2025 10:49 AM

**To:** Rather, Matt <[ratherm@cod.edu](mailto:ratherm@cod.edu)>

**Cc:** Roberts, Ellen <[roberts@cod.edu](mailto:roberts@cod.edu)>

**Subject:** [External] Invoice

**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.

Matt – attached is the October ELL coverage deductible reimbursement invoice. As background, ICCRMC members attorneys submit defense bills on ELL (educators legal liability) claims to our claim administrator (CCMSI) regardless of whether they are within the member deductible. ICCRMC then invoices for those costs until the deductible is exhausted. Let me know any questions.

Mike Nugent

ICCRMC Executive Director

2409 Peachtree Lane

Northbrook, IL 60062



P (847) 412-0410

M (847) 778-7618

F (847) 919-3805

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**2 attachments**

Check Request Form ydsign.pdf

image001.png