

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1082122 **Vendor Name:** Arthur J Gallagher Risk Management Services

Check Details:

Check Number: 0353941 **Check Amount:** \$ 3,189.42 **Check Date:** 6/30/2026

Invoice Details:

Invoice Number: 6129249 **Invoice Date:** 5/18/2026 **PO Number:** NULL
Voucher Number: V0942695

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: _____ 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
Total			\$

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

Gallagher Affinity Insurance Services, Inc.
Quincy, MA 02171
Phone:

SEQYO1

Invoice #	6129249	1 of 1
ACCOUNT NUMBER	DATE	
COLLOFD-08	5/12/2026	
BALANCE DUE ON	AMOUNT DUE	
5/12/2026	\$3,189.42	

College of Du Page
425 Fawell Boulevard
Glen Ellyn, IL 60137



Insurance | Risk Management | Consulting

Student Accident PolicyNumber: GLMN1866043A Company: ACE American Insurance Company Effective: 4/15/2026 to 4/15/2027

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
43498873	4/15/2026	5/12/2026	RENB	Study Abroad	\$3,189.42
Total Invoice Balance:					\$3,189.42



Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

SEQYO1

College of Du Page
425 Fawell Boulevard
Glen Ellyn, IL 60137

Invoice #	6129249
ACCOUNTNUMBER	DATE
COLLOFD-08	5/12/2026
BALANCE DUE ON	AMOUNT DUE
5/12/2026	\$3,189.42
AMOUNT PAID	

Please send your remittance to:

Gallagher Affinity Insurance Services, Inc.
PO Box 74715
Chicago, IL 60694-4715



Insurance | Risk Management | Consulting

PAY ONLINE AT: gallagheraffinity.epaypolicy.com

"Kerby, Susan" <kerbys@cod.edu>

Check Request FSSA

"Kerby, Susan" <kerbys@cod.edu>

Mon, May 18, 2026 at 06:44 PM UTC

CC:

BCC:

See attached.

1 attachment

Check Request May 2026.pdf