

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1546262

Vendor Name: Smartsheet Inc.

Invoice Number: INV169805

Invoice Date: 04/06/20

PO Number:

Check Number: 0268390

Check Amount: \$ 1,494.00

Check Date: 06/10/2020

Department ID: 00774

Reviewer Name:

Voucher Number: V0623051

Redaction Type: None

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

Document Below

College of DuPage - Accounts Payable  
Check Request Form  
revised 4/14/2020

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: 5/20/2020  
Vendor ID: 1546262

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	01	40	00774	5309001	Other Contractual Services Exp	\$ 1,494.00
Grand Total						\$ 1,494.00

**AP VERIFIED**

**05/22/20 - ISABEL BARRIOS**

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: Smartsheet Other Instructions:

Payee Address: 10500 NE 8th St., Ste. 1300 Bellevue, WA 98004

Description on Check:

12 month prepayment for Smartsheet contract.

Approvals:

Prepared By: Sandra Gonzales :Approved By: Ami Chambers Date: 5/21/20  
Signature: \_\_\_\_\_ Signature: Ami Chambers  
Payment Due: \_\_\_\_\_ :Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_ Signature: Jennifer Duda 5.21.20  
:Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: Wendy E. Parks 5-20-20

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

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.

CONTRACT APPROVAL COVERSHEET

Contract Name: Smartsheet Software  
 Requesting Department: Community Relations Date Initiated: 4/17/20  
 Contact Name: Sandra Gonzales Phone: 2802  
 Email Address: gonzaless33929@cod.edu

Vendor Name: Smartsheet Phone: 425.324.2310  
 Vendor Contact: Annika Kaufman Email: annika.kaufman@smartsheet.com  
 Total Contract: \$ 1494.00 Contract Dates: Start: 4/6/20  
 FY Budget \$ 2020 \$1494.00 End: 4/5/21  
 Vendor 1: Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 2: Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Vendor 3: Name: \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
 Contract Purpose: Used for collaborative task managment.

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☒ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Requester: Sandra Gonzales Print Sign & Date: Sandra Gonzales 4/17/20  
 Budget Mgr.: Ami Chambers Ami Chambers 4/20/20  
 Dept. Adm.: Wendy Parks Wendy E. Parks 4/20/20

Submit to Purchasing at: [purchasing@cod.edu](mailto:purchasing@cod.edu)

Purchasing Dept. Use Only

Comments: \_\_\_\_\_

Approval Initials: \_\_\_\_\_

**Use this form to request an IT review for computer equipment and/or software. Complete steps 1-3.**

### 1.) USER INFORMATION *(To be completed by user.)*

Name: Ami Chambers

Title: Coordinator

**Department:** Community Relations

Phone: 3823

**Supervisor Approval:**

Date: 4/16/20

## 2.) REQUEST INFORMATION *(To be completed by user.)*

Provide justification for the item(s) and quantity requested. Describe the item(s) as completely as possible.

Smartsheet is a collaborative task management tool. (Used by Community Relations since 2018.)

Initial purchase to be funded by GL account: 04-40-00774-5309001

Recurring costs to be funded by GL account: 04-40-00774-5309001

### 3.) SUBMIT FORM

[Click Here to Submit](#)

After completing steps 1 and 2, click the Submit button and email the form to [zeitzk@cod.edu](mailto:zeitzk@cod.edu).

Step 4 will be completed and returned by IT.

#### 4.) PURCHASE INFORMATION *(To be completed by IT.)*

In response to your request, Information Technology Services has completed the following review:

Quantity	Item Number	Item Description	Unit Price	Total
6		Smartsheet renewal	\$ 249.00	\$ 1,494.00
			<b>Total</b>	<b>\$ 1,494.00</b>

**Company Name:**

Smartsheet

Under \$5,000

### No Additional Steps Required

**IT Reviewer's Comments:** *(To be completed by IT.)*

Your department needs to submit a requisition with the appropriate GL account numbers. Please make sure this form is attached to your entry before submission to Purchasing.

It is your responsibility to follow proper procurement guidelines for this acquisition. If there are any questions regarding guidelines, contact the Purchasing department at ext. 2217.

IT Reviewer: **Ken Wong**

Digitally signed by Ken Wong  
Date: 2020.04.17 08:41:20  
+05'00'

### IT Manager Approval:

Kenneth C. Gentry

Digitally signed by Keith Zeitz  
Date: 2020.04.17 08:47:34  
+05'00'



# Invoice #INV169805

Invoice Date: 4/6/2020

Smartsheet Inc.  
10500 NE 8th St Ste 1300  
Bellevue WA 98004  
United States

Bill To  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn IL 60137  
US

Ship To  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn IL 60137  
US

Account ID	Terms	Due Date	PO #	Memo
11087239	Net 30	5/6/2020		Annual Renewal

Category	Item	Rate	Qty	Units	Start Date	End Date	Amount
Subscription Service	Business Plan - Licensed Users	\$249.00	6	License	4/6/2020	4/5/2021	\$1,494.00

The following hyperlinks have been added to provide expedited support for your Smartsheet Finance questions and/or requests:

1. If you have **already paid** the outstanding invoice(s) shown on this statement or have a **payment already scheduled**, click [here](#)
2. To provide a **Purchase Order (PO)** for any outstanding invoice(s), click [here](#)
3. To **update billing information** (contact name, email address, etc.), click [here](#)
4. To **declare tax exempt status** and provide documentation, click [here](#)
5. To **download our W-9**, click [here](#)
6. If the above links do **NOT** resolve your questions/concerns and you would like **Smartsheet Finance to contact you**, click [here](#)

<b>Subtotal</b>	\$1,494.00 USD
<b>Tax Total</b>	\$0.00 USD
<b>Total</b>	\$1,494.00 USD
<b>Amount Applied</b>	(\$0.00) USD
<b>Amount Due</b>	\$1,494.00 USD

Please note, clicking on clicking on any of the hyperlinks above will take you to a Webform powered by Smartsheet.

If paying electronically, please utilize our bank information below and note your customer name and invoice number in the payment details. To pay by credit card, a separate email has been sent to the primary billing contact on the account which includes login details for our Customer Center.

#### Check Payment Details:

Please note your invoice number and remit to the address below. Only USD checks are accepted.  
Smartsheet Inc.  
Dept 3421, PO BOX 123421  
Dallas, TX 75312-3421

**Questions?** Email us at [finance@smartsheet.com](mailto:finance@smartsheet.com) or call (425) 326-3995.

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From: gonzales33929@cod.edu  
Sent: Fri May 22 06:18:17 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Community Relations Smartsheet check request  
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Hello,

Attached please find a completed Check Request form and supporting documentation for your review and processing. Please let me know if you have any questions.

Have a great weekend.

Stay well.

Sandra

**Sandra Gonzales**, Administrative Assistant

Community Relations | Marketing and Communications

College of DuPage | 425 Fawell Blvd., | IRC 1045-1 | Glen Ellyn, IL 60137