

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1611186  
Vendor Name: Motor Vehicle Software Corpora  
Invoice Number: CES20191217-00035  
Invoice Date: 07/01/20  
PO Number:  
Check Number: 0270942  
Check Amount: \$ 170.00  
Check Date: 07/14/2020  
Department ID: 13290  
Reviewer Name:  
Voucher Number: V0633529  
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: 7/1/2020  
Vendor ID: 1611186

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
CES20191217-00035	01	90	13290	4600001	Facilities Rental	\$170.00

Grand Total \$ 170.00

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: Motor Vehicle Service Corporation  
dba VITU

Payee Address: 29901 Agoura Road Agoura Hills, CA  
91391

Other Instructions: Send to Attention: Luciana Fincher, Accounting Manager

Description on Check:

Refund for \$170.00 deposit paid for June 17 and July 23, 2020 meetings at COD which were cancelled due to COVID-19 and no events being held at COD during these months.

Approvals:

Prepared By: Sandra Carbon-Sheldon

Signature: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Board Approved Date: \_\_\_\_\_

Approved By: **APPROVED**  
By Eric Schultz at 9:28 am, Jul 02, 2020

Signature: \_\_\_\_\_

Approved By: **APPROVED**  
By Ellen M. Roberts at 9:38 am, Jul 02, 2020

Signature: \_\_\_\_\_

Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

-----  
From: acctpay@cod.edu  
Sent: Thu Jul 02 10:38:32 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check request for refund  
-----

**From:** Roberts, Ellen  
**Sent:** Thursday, July 2, 2020 9:40 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Cc:** Schultz, Eric <schultze399@cod.edu>  
**Subject:** FW: Check request for refund

Good morning!

The attached is ready for processing.

Thank you,

*Ellen*

Ellen M. Roberts  
Interim Vice President, Administrative Affairs  
**College of DuPage**  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
roberts@cod.edu  
630-942-2218

**From:** Schultz, Eric <schultze399@cod.edu>  
**Sent:** Thursday, July 2, 2020 9:31 AM  
**To:** Roberts, Ellen <roberts@cod.edu>  
**Subject:** FW: Check request for refund

Ellen, if you could please sign and send forward to AP. Thank you, have a great safe day and weekend!

**From:** Carbon-Sheldon, Sandra <carbon@cod.edu>  
**Sent:** Thursday, July 2, 2020 9:08 AM  
**To:** Schultz, Eric <schultze399@cod.edu>  
**Subject:** Check request for refund

Attached is a W9, vendor intake form, and Check request for refund for VITU. Also, a copy of the deposit and a photo copy of the original check are attached.

They paid a deposit of \$170.00 for meetings which were scheduled in June and July. When the June meeting had to be cancelled, the deposit was to be put toward July meeting. Since July meeting also had to be cancelled due to COVID-19, the organization would like a refund at this time since we do not know when it will be safe to resume events.

Please let me know if you require any additional information at this time.Thank you.

Sandra Carbon-Sheldon

CES Specialist

Conference & Event Services/ BIC 1409

College of DuPage

425 Fawell Blvd

Glen Ellyn, IL 60137

630-942-3952 phone 630-942-3955 fax

carbon@cod.edu

[http://www.cod.edu/about/conference\\_event\\_services/index.asp](http://www.cod.edu/about/conference_event_services/index.asp)



## College of DuPage – Purchasing Department

### Vendor Intake Form

Internal Form - Not to be sent to vendor

Not Applicable for Individual Vendors

Today's Date 6/30/2020

#### Vendor Information

Name (as shown on line 1 of W9)

**Motor Vehicle Software Corporation**

FEIN # 20-2621720

Business Name (line 2 of W9)

**VITU**

Vendor Contact Person:

**Karen Bendik**

\*E-Mail

**kbendik@vitu.com**

Phone Number

**312-883-2332 xtn 5005**

Fax

\*\* Is the vendor a Minority, Female, or Persons with Disability Owned Business Enterprises and certified with the State of Illinois Business Enterprise Program?

☐ Yes

☒ No

#### Requestor Information

Requestor Contact Person

**Sandra Carbon-Sheldon**

Department Name

**Conference and Event Services**

**630-942-3952**

E-mail

**carbon@cod.edu**

S

#### Instructions

Phone Number

- 1 **Attach copy of W9**
- 2 **\*\*Attach copy of the State of Illinois' Department of Central Management Services (CMS) Certification Letter:** If Vendor is a Minority, Female, or Persons with Disability Owned Business Enterprises and Certified with the State of Illinois Business Enterprise Program.
- 3 Submit this form including items 1 and 2 (if applicable) above to the Purchasing Department to [purchasing@cod.edu](mailto:purchasing@cod.edu).

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Motor Vehicle Software Corporation**

2 Business name/disregarded entity name, if different from above

**VITU**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

- ☐ Individual/sole proprietor or single-member LLC
- ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- ☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**29901 Agoura Rd**

6 City, state, and ZIP code

**Agoura Hills, CA 91301**

Requester's name and address (optional)

**College of DuPage**

**425 Fawell Blvd**

**Glen Ellyn, IL 60137**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

**Employer identification number**

2 0 - 2 6 2 1 7 2 0

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*James Jendry*

Date ►

6-29-20

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

## Non-Accounts Receivable Deposit Form

### Instructions

Instructions: [Click Here](#)

Complete the form in its entirety and attach the required software system deposit reports. Print the eForm before submitting the form. Please use Chrome or Firefox to complete the form.

### Deposit Information \* is a required field

Date:\*

02-04-2020

Remitter:\*

Sandra Carbon-Sheldon

Remitter Phone:\*

3952

Department:\*

Conference and Events

Event:\*

MVSC ~~UBF~~ *VITA*

NARD Code:\*

CONF

NARD System:\*

Converge ▼

GL Number

Deposit Amount (\$)

Description *VITA*

01 90 13290 4600001	170.00	Rent MVSC- <del>UBF</del> June

Grand Total 170.00

### Breakdown of Deposit Amounts

Cash:	
Checks:	170.00
American Express:	
Discover:	
MasterCard:	
Visa:	
Wire:	
Total Deposit:	170.00

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

**MVSC**

**Motor Vehicle Software Corporation / dba VITU**  
29901 Agoura Rd  
Agoura Hills, CA 91301  
(818) 706-1949

SILICON VALLEY BANK  
90-4039/1211

36152

01/29/2020

PAY TO THE  
ORDER OF

College of Dupage

\$ \*\*170.00

One hundred seventy and 00/100\*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

College of Dupage  
Attn: Sandra Carbon-Sheldon  
425 Fawell Blvd  
Glen Ellyn Illinois 60137

MEMO

*[Signature]*

⑈036152⑈ ⑆121140399⑆

3301387359⑈



**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.