

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1652351  
Vendor Name: TwinSpirits Unlimited Inc  
Invoice Number: 57075  
Invoice Date: 3/29/2022  
PO Number:  
Check Number: 0298292  
Check Amount: \$ 100.00  
Check Date: 04/12/2022  
Voucher Number: V0736507  
Document Type: AP Invoice

Document Below

# TWINSPIRITS UNLIMITED, INC.

## INVOICE

**Date:** March 29, 2022

**Attention:** LISA SALTIEL

College of DuPage BIC 2E07B

425 Fawell Blvd,

Glen Ellyn, IL 60137

**Project title:** COD Faculty Recital

**Project description:** Music performance

**Invoice Number:** 57075

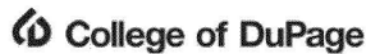
DESCRIPTION	QUANTITY	UNIT PRICE	COST
COD FACULTY RECITAL performance (Bass)		\$ 100.00	\$ 100.00
Subtotal			\$ 100.00
Total Due:			\$ 100.00
Total			\$ 100.00

A sincere pleasure on all accounts. Top Quality crew at COD!  
Always glad to be a part of it..

Cheers,

Geoffrey A Lowe

TwinSpirits Unlimited, inc.



**SERVICE AGREEMENT ~ UNDER \$5000  
BETWEEN COLLEGE OF DUPAGE AND VENDOR NAME**

This AGREEMENT ("Agreement") is entered into on March 9, 2022 by and between **College of DuPage, Community College District No. 502, Counties of DuPage, Cook and Will, and State of Illinois ("College")** having its main address at 425 Fawell Blvd., Glen Ellyn IL 60137 and **TwinSpirits Unlimited. Inc ("Contractor")** having an address at PO Box 465, Downers Grove, IL 60515-0465.

The College and Contractor desire to enter into this Agreement, by which Contractor shall perform certain services in connection with the project, as described below. In consideration of the performance of services by Contractor and the payment for those services by the College, the parties agree as follows:

**1. Scope of Services and Performance**

As directed by the College, Contractor will provide Musician for Music Fridays @ Noon performance on 3/24/22. for the College in connection with this Agreement. Contractor will perform the services with the highest professional standards as practiced in a timely manner and in accordance with any project schedule described in the scope of services. The parties agree that time is of the essence with respect to Contractor's performance.

Contractor must promptly notify the College immediately in writing: (i) of any information required from the College so Contractor can complete their services in a timely manner and (ii) of any work requested by the College that is not included in the scope of services provided in this section.

Contractor will perform the services in accordance with all applicable laws, rules, regulations and applicable grants or contracts, including equal employment opportunity and import and export control laws and regulations. All documents, drawings, surveys, and reports (including those in electronic form) prepared by Contractor pursuant to this Agreement are the property of the College. The College will have the right to utilize such documents, drawings, surveys, and reports in the event the College expands the services, corrects any deficiencies, or makes any repairs or renovations to the services.

**2. Payment**

The College will pay Contractor for services properly performed under this Agreement the amounts set forth as the fees. The fees specified in the costs or itemized time and material rates along with any expenses represent the College's total financial commitment to Contractor for all services and deliverables, applicable taxes, and other obligations under this Agreement. The College is not subject to any sales or use taxes and such taxes will not be included in the fees charged by Contractor. The amount due to Contractor under this Agreement may not exceed \$100 without the College's prior written approval.

Contractor will provide invoices in a format acceptable to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices, in accordance with the Local Government Prompt Payment Act. In the event of termination by the College as hereinafter provided, Contractor will be paid for services properly rendered prior to termination as provided below. Reimbursement by the College of expenses and expendables incurred by Contractor will be limited to the fees defined in this section.

**3. Term**

The term of this Agreement is from 3/9/22 to 3/25/22 unless otherwise terminated in accordance with this Agreement. Services may not begin nor payment authorized prior to execution of this Agreement by an authorized signatory of the College of DuPage.

**4. Indemnification**

To the fullest extent allowed by law, Contractor will indemnify and hold the College, its trustees, officers, agents, employees and any other parties designated by the College (hereinafter collectively called the "Indemnitees") harmless from all losses, claims, liabilities, injuries, damages and expenses, including but not limited to, all attorneys' fees, defense and court costs and expenses, that the Indemnitees may incur arising out of, or occurring in connection with, the acts or omissions by Contractor of its duties and obligations under or pursuant to this Agreement.

**5. Insurance**

The Contractor shall not commence work under this contract until all insurance required herein is obtained and approved by the Owner. Nor shall the Contractor allow any subcontractor to commence work until all similar insurance required of the subcontractor has been so obtained.

The Contractor shall furnish the College of DuPage with a Certificate of Insurance, with College of DuPage, its trustees, officers, agents, employees, and any other parties designated by COD named as an additional insured for Commercial General and Automobile Liability, showing the minimum coverage indicated below. Insurance companies must have a Best Rating of at least A VI and otherwise be acceptable to the College. Workers' Compensation insurance shall include a waiver of subrogation in favor of the College of DuPage. The College will also be shown as the certificate holder. Further, the Certificate of Insurance shall state that coverage provided is primary to any other coverage available to College of DuPage. An endorsement page showing coverage must accompany the certificate of insurance. The foregoing certificate shall contain a provision that coverage afforded under the policies will not be cancelled or non-renewed until at least sixty (60) days prior written notice has been given to College of DuPage.

**TYPE OF INSURANCE****MINIMUM INSURANCE COVERAGE**

Combined Single Limit Per Occurrence/Aggregate

**Commercial General Liability** including:

1. Premises – Operations
2. Explosion, Underground and Collapse Hazard
3. Products/Completed Operations
4. Contractual Insurance
5. Broad Form Property Damage
6. Independent Contractors
7. Bodily Injury

\$1,000,000 / \$2,000,000

**Automobile Liability**

Owned, Non-owned, or Rented

\$1,000,000 / \$2,000,000

**Workers' Compensation and Employers' Liability**

As Required by Applicable Laws.

**Professional Liability**

If Performance Specifications are  
Required by the Contract

THIS AGREEMENT IS NOT LEGALLY BINDING UPON THE COLLEGE OF DUPAGE UNLESS AND UNTIL IT IS EXECUTED BY AN AUTHORIZED SIGNATORY OF THE COLLEGE OF DUPAGE. THE COLLEGE OF DUPAGE WILL HONOR NO OTHER APPROVAL OR AUTHORIZATION FOR PERFORMANCE OF OR PAYMENT FOR SERVICES BY THE SERVICE PROVIDER.

Page 2 of 5

## 6. Termination

The College may terminate this Agreement at any time, in whole or in part, with or without cause, upon written notice to Contractor. In the event this Agreement is terminated pursuant to this paragraph, Contractor will be compensated for services properly rendered through the date of termination, as can be documented to the reasonable satisfaction of the College. The College will have no liability to the Contractor beyond the date of termination. Further, if the Agreement is terminated for cause, the College will be entitled to all direct, indirect, and consequential damages arising from the breach of Agreement prompting the termination.

## 7. Compliance with Laws

Contractor shall observe and comply with all State of Illinois, local, and federal laws, and the rules of any governing body having jurisdiction over the premises and/or its use, including but not limited to the College of DuPage.

- a. Human Rights Act: To the extent required by law, Contractor shall abide by the Illinois Human Rights Act, 775 ILCS 5/1-101 *et seq.*
- b. Drug Free Workplace: To the extent required by law, Contractor shall abide with the requirements of the Drug Free Workplace Act, 30 ILCS 580.1 *et seq.*
- c. Sexual Harassment Policy: Contractor represents by the signing of this Agreement that it has a written sexual harassment policy that is in accordance with 775 ILCS 5/2-105.
- d. Equal Employment Opportunity: Contractor agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Rights Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Contractor represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Contractor services, or denied employment opportunities by Contractor on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.
- e. Fair Employment Practice: Contractor represents it is in compliance with all State and Federal laws regarding Fair Employment Practice as well as all rules and regulations.
- f. Prevailing Wage Act: To the extent required by law, Contractor may not pay less than the prevailing wage as established pursuant to an Act regulating the wages of laborers, mechanics, and other workman employed under Contract for Public Workers 820 ILCS 130/1 *et seq.*
- g. Non-debarment: Contractor certifies that it has not been debarred from public contracts in the State of Illinois for violating either 33E-3 or 33E-4 of the Public Contracts Act, 720 ILCS 5/33E-1 *et seq.*

## 8. Entire Agreement

This Agreement represents the entire agreement between Contractor and the College and supersedes all prior negotiations or agreements, written or oral. This Agreement may only be amended by written instrument executed by the College and Contractor. In the event of a conflict between this Agreement and a proposal from Contractor or any exhibits hereto, this Agreement shall control.

## 9. Governing Law and Venue

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois, without regard to conflict of law provisions. Venue for any disputes arising under or in connection with this Agreement shall be in the Circuit Court of the Eighteenth Judicial Circuit of the State of Illinois, or in the

United States District Court for the Northern District of Illinois, Eastern Division.

**10. No Assignment by Contractor**

Contractor may not, by operation of law, merger, or otherwise, assign any of its rights, agreements, or obligations under this Agreement without the prior written consent of the College. Any purported assignment by Contractor without the prior written consent of the College shall be null and void and shall not bind the College. Subject to the preceding sentence, all of the terms, agreements, covenants, representations, warranties, and conditions of this Agreement shall be binding upon, and inure to the benefit of and are enforceable by, the parties and their respective successors and assigns.

**11. Severability and Non-Waiver**

If any provision of this Agreement is found to be unenforceable, the other provisions of this Agreement shall not be affected but shall remain in full force and effect. No waiver by either party of any breach or default by the other party shall be construed to be a waiver of any other breach or default by such other party.

**12. Conflicts of Interest**

Contractor represents that it, to the best of its knowledge, has no relationship or ownership interest and will not acquire any interest, direct or indirect, in any enterprise, which would conflict in any manner or degree with the performance of the services under this Agreement. Contractor further represents that it has no known and undisclosed familial relationship (as currently defined under applicable College policies) with any College of DuPage Administrator, Employee, Trustee, Committee member, or College of DuPage Foundation Board Member.

**Signature Page Follows**

### Signature Page

This Agreement has been executed the day and year provided below.

**CONTRACTOR:**


**COLLEGE OF DUPAGE**

Vendor Name TwinSpirits Unlimited, Inc.

Geoffrey Lowe  
Print Name/Title:

Vice President, Administrative Affairs

  
Signature:

DocuSigned by:  
  
49066CF0BC3F425...

Signature:

36-4271178

Tax ID or FEIN

3/25/2022

03/09/2022  
Date:

Date:



**From:** [Gieschen, Philip](#)  
**To:** [Saltiel, Lisa](#); [Anderson, Rachel](#)  
**Cc:** [Stock, Lisa](#); [Carlson, Brian](#); [Fanelli Munguia, Cassi](#); [Erl, Lisa](#)  
**Subject:** RE: Signature Required: Music Recital performer for March 24th Service Contract under \$5000  
**Date:** Thursday, March 24, 2022 11:57:42 AM

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Insurance is waived for this performer.

Phil Gieschen  
Coordinator of Risk Management  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
630/942-2993  
[giesche@cod.edu](mailto:giesche@cod.edu)

**CONFIDENTIALITY NOTICE:** This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately.

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**From:** Saltiel, Lisa <[saltiel@cod.edu](mailto:saltiel@cod.edu)>  
**Sent:** Thursday, March 24, 2022 11:17 AM  
**To:** Anderson, Rachel <[andersonr34@cod.edu](mailto:andersonr34@cod.edu)>  
**Cc:** Stock, Lisa <[stockl@cod.edu](mailto:stockl@cod.edu)>; Carlson, Brian <[carlsonb1484@cod.edu](mailto:carlsonb1484@cod.edu)>; Fanelli Munguia, Cassi <[munguiac@cod.edu](mailto:munguiac@cod.edu)>; Erl, Lisa <[erll630@cod.edu](mailto:erll630@cod.edu)>; Gieschen, Philip <[giesche@cod.edu](mailto:giesche@cod.edu)>  
**Subject:** Signature Required: Music Recital performer for March 24th Service Contract under \$5000

Hello Rachel and Lisa,

The Music Program is having a recital on March 24, 2022. Performer Geoffrey Lowe has been asked to complete a Service Agreement Under \$5000. Amount to be paid for this recital performance is \$100.

Purchasing Proposals requested a Service Contract Under \$5000 to be completed because Geoffrey Lowe submitted a W9 with a FEIN number; therefore a Service Agreement under \$5000 must be completed and not an Independent Contractor Agreement.

The performers usually submit a W9 with a SS# and only requires an Independent Contractor Agreement which is signed by Dean Brian Carlson.

The Service Contract Under 5000 requires the Vice President, Administrative Affairs.

Please advise if additional information is required to review/approve this Service Contract under 5000.



Thank you.

Lisa

**Lisa Saltiel**

Program Support Specialist

Arts, Communication & Hospitality

Art, Graphic Design, Speech Communication & Theater

**College of DuPage**

BIC 2E07B | 425 Fawell Blvd., Glen Ellyn, IL 60137

630-942-3303 | [saltiel@cod.edu](mailto:saltiel@cod.edu)

## Request for Taxpayer Identification Number and Certification

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

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

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. <b>Geoffrey A. Lowe</b>	
	2 Business name/disregarded entity name, if different from above <b>TwinSpirits Unlimited, Inc.</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> 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. <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>PO BOX 465</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Downers Grove, IL 60515-0465</b>		
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.

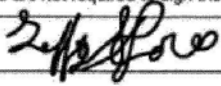
Social security number								
				-				
or								
Employer identification number								
36				-	4271178			

### 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 ► 	Date ► <b>02.09.2022</b>
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### 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.

"Saltiel, Lisa" <saltiel@cod.edu>

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**Geoffrey Lowe- TwinSpirits Unlimited**

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"Saltiel, Lisa" <saltiel@cod.edu>

Wed, Apr 6, 2022 at 09:07 PM GMT

CC: Fanelli Munguia, Cassi <munguiac@cod.edu>, Sekerka, Joyce <sekerkaj@cod.edu>

BCC:

Hello,

Please review the attached Invoice + Geoffrey Lowe\_TwinSpirits Unlimited INC Service Agreement Packet and advise if additional information is required.

Thank you.

Lisa

**Lisa Saltiel**

Program Support Specialist

Arts, Communication & Hospitality

Art, Graphic Design, Speech Communication & Theater

**College of DuPage**

BIC 2E07B 425 Fawell Blvd., Glen Ellyn, IL 60137

630-942-3303 [saltiel@cod.edu](mailto:saltiel@cod.edu)

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**From:** Sekerka, Joyce <sekerkaj@cod.edu>

**Sent:** Tuesday, March 29, 2022 10:57 AM

**To:** Saltiel, Lisa <saltiel@cod.edu>  
**Cc:** Fanelli Munguia, Cassi <munguiac@cod.edu>  
**Subject:** RE: Geoffrey Lowe- TwinSpirits Unlimited

Thank you for the clarification Lisa. Yes, there are times when this does happen. Based on amounts of the contracts, it has a lot to do with how we 1099 them at the end of the year. And, since he is part of a Corporation, we wouldn't need to send him one.

We will wait to have all the paperwork from you again. Please just make sure it's in one PDF, or we will receive separate papers and those will be rejected.

Thanks,

Joyce

**Joyce Sekerka**

**Accounts Payable Supervisor**

**College of DuPage**

425 Fawell Blvd.

Glen Ellyn, IL 60137-6599

630-942-2293

Email: [sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)

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**From:** Saltiel, Lisa <[saltiel@cod.edu](mailto:saltiel@cod.edu)>  
**Sent:** Tuesday, March 29, 2022 10:35 AM  
**To:** Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Cc:** Fanelli Munguia, Cassi <[munguiac@cod.edu](mailto:munguiac@cod.edu)>  
**Subject:** RE: Geoffrey Lowe- TwinSpirits Unlimited

Hi Joyce,

I will request an invoice from Geoffrey Lowe. I will resubmit all documents when the invoice is available.

This is a Music Recital performer who visited the college on March 24<sup>th</sup>.

The Music program usually pays the visiting artist for their performance. The program does not request an invoice from the artist. I am learning that this an unusual situation for the performer wants to be paid through his business. I have included Cassi Fanelli Munguia to the communication for additional support.

Thank you for your time and assistance.

Lisa

**Lisa Saltiel**

Program Support Specialist

Arts, Communication & Hospitality

Art, Graphic Design, Speech Communication & Theater

**College of DuPage**

B/C 2E07B 425 Fawell Blvd., Glen Ellyn, IL 60137

630-942-3303 [saltiel@cod.edu](mailto:saltiel@cod.edu)

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**From:** Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Sent:** Tuesday, March 29, 2022 10:25 AM  
**To:** Saltiel, Lisa <[saltieli@cod.edu](mailto:saltieli@cod.edu)>  
**Cc:** Fanelli Munguia, Cassi <[munguiac@cod.edu](mailto:munguiac@cod.edu)>  
**Subject:** RE: Geoffrey Lowe- TwinSpirits Unlimited

Hi Lisa,

Since this is a vendor that is an S-Corporation, we require the company to bill us directly. Where is the invoice for this service? I do not see one attached in this supporting documentation.

Thanks,

Joyce

**Joyce Sekerka**

**Accounts Payable Supervisor**

**College of DuPage**

425 Fawell Blvd.

Glen Ellyn, IL 60137-6599

630-942-2293

Email: [sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)

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**From:** Saltiel, Lisa <[saltiel@cod.edu](mailto:saltiel@cod.edu)>  
**Sent:** Tuesday, March 29, 2022 9:35 AM  
**To:** Invoicing <[invoicing@cod.edu](mailto:invoicing@cod.edu)>  
**Cc:** Fanelli Munguia, Cassi <[munguiac@cod.edu](mailto:munguiac@cod.edu)>; Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Subject:** Geoffrey Lowe- TwinSpirits Unlimited

Hello,

The attached document is for the Music Friday performance which was on March 24, 2022. The individual vendor submitted a FEIN # on their W9 therefore a Service Agreement under 5000. Please advise if additional information is required.

Thank you.

Lisa

**Lisa Saltiel**

Program Support Specialist

Arts, Communication & Hospitality

Art, Graphic Design, Speech Communication & Theater

**College of DuPage**

BIC 2E07B 425 Fawell Blvd., Glen Ellyn, IL 60137

630-942-3303 [saltiel@cod.edu](mailto:saltiel@cod.edu)

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**From:** Sekerka, Joyce <[sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)>  
**Sent:** Monday, March 28, 2022 12:43 PM  
**To:** Saltiel, Lisa <[saltiel@cod.edu](mailto:saltiel@cod.edu)>; Fanelli Munguia, Cassi <[munguiac@cod.edu](mailto:munguiac@cod.edu)>  
**Subject:** Attachments Received



Hi Lisa/Cassi,

We received several separate documents in our Chrome River system that all appear to be for the same thing(Twin Spirits Unlimited?)

Please be sure to send any documents that go together as one PDF. Otherwise, we only receive pieces of a document and they are immediately deleted if they cannot be identified.

Can you please resend all pages in one PDF?

Thanks,

Joyce

**Joyce Sekerka**

**Accounts Payable Supervisor**

**College of DuPage**

425 Fawell Blvd.

Glen Ellyn, IL 60137-6599

630-942-2293

Email: [sekerkaj@cod.edu](mailto:sekerkaj@cod.edu)

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**2 attachments**

Invoice + Geoffrey Lowe\_TwinSpirits Unlimited INC\_ Music Fridays 3-24-2022\_Service Contract Under 5000\_Packet.pdf

image001.jpg