

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1316872  
Vendor Name: Sign Identity Inc  
Invoice Number: SI12222022  
Invoice Date: 12/2/2022  
PO Number:  
Check Number: 0307277  
Check Amount: \$ 856.75  
Check Date: 01/18/2023  
Voucher Number: V0767704  
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 10-65, Vendor Payment — Non-Purchase Order.

Date: 12/22/22 Vendor ID: 1316872 Vendor Name: Sign Identity  
 Payee Address: 415 Taft Ave, Glen Ellyn, IL, 60137-6214 Payment Due Date: 12/22/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
SI12222022	05-60-11998-5402001	Summer Museum Exhibition: Printing Expense	856.75
Total			\$ 856.75

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:

Custom Warhol Glen Ellyn print, initial payment 62 General Print CCMA\_WARHLPACHAL B0001221

Other Instructions:

### All requests will require the following approvals:

Requester: Kari Schoettle Digitally signed by Kari Schoettle  
Date: 2022.12.22 08:52:14 -06'00' Print Name: Kari Schoettle  
 Budget Officer: Ellen McGowan Print Name: Ellen McGowan

Requests \$5,000 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 \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 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)



415 Taft Avenue • Glen Ellyn, IL 60137-6214

630-942-1400

www.signidentity.com

QUOTE

Date 12/2/2022

Quote # Q2212010

## Quote To:

College of DuPage  
The Max  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

## Ship To

Sign of the Whale  
Glen Ellyn, IL

P.O. No.	Terms	Due Date	Project	Rep
	50% deposit, bal. at completion	12/2/2022		

Qty	Item	Description	Price Each	Total
1	Signs	Andy Warhol photo sign Option # 1: 8' x 8 sign Custom laminated digital print, Warhol, customer supplied file, 8' x 8' Max Metal panels, (2 ea. 4' x 8') mounted to brick wall of Sign of the Whale per spec.	1,713.50	1,713.50
1	Signs	Option #2: 10' x 10' Custom laminated digital print, Warhol, customer supplied file, 10' x 10' Max Metal panels, (2 ea. 5' x 10') mounted to brick wall of Sign of the Whale per spec.	2,604.00	2,604.00

A 50% deposit is required to start production, credit card charges of \$500 or more, a 2% service fee will be added to the order. Production will begin after receipt of a signed proof and deposit. Customer will be allowed two proof changes with original design, all changes beyond that are charged at \$75.00 per hour. Final payment is due upon receipt of invoice at delivery. If account becomes delinquent, customer will be responsible for all legal, court and collection fees associated with collection of all unpaid invoices. All designs, proofs and drawings are the property of Sign Identity, Inc. until paid for by client.

Subtotal	\$4,317.50
<b>TOTAL</b>	<b>\$4,317.50</b>

Approved: DocuSigned by:

Ellen Roberts

12/21/2022

49066CE0BC3E425

"Schoettle, Kari" <schoettlek@cod.edu>

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**Sign Identity check request**

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"Schoettle, Kari" <schoettlek@cod.edu>

Tue, Jan 3, 2023 at 07:43 PM UTC

CC:

BCC:

Please process. Thank you.

**Kari Schoettle**

Project Manager

McAninch Arts Center, College of DuPage

630-942-2914 | [schoettlek@cod.edu](mailto:schoettlek@cod.edu)

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**1 attachment**

Sign Identity Initial payment \$856.75 12.22.22 check request ksem.pdf