

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082065

Vendor Name: A.F.M. & E.P. Fund

Invoice Number: NP041523PEN

Invoice Date: 4/25/2023

PO Number:

Check Number: 0311689

Check Amount: \$ 929.70

Check Date: 05/09/2023

Voucher Number: V0784227

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: \_\_\_\_\_ 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
<b>Total</b>			<b>\$</b>

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 \$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)**

NEW PHILHARMONIC - APRIL 2023 - "SOUTH PACIFIC"				UNION		
	NAME	UNION #	TAX ID	WAGES	DUES	PENSION
1	Mark Agnor	53302		\$235.00	\$7.05	\$30.99
2	Darren Castellanos	56797		\$235.00	\$7.05	\$30.99
3	Andrew Cierny	55060		\$235.00	\$7.05	\$30.99
4	Dorothy Deen	54949		\$235.00	\$7.05	\$30.99
5	Karen Dickelman	48575		\$235.00	\$7.05	\$30.99
6	Mara Gallagher	51555		\$235.00	\$7.05	\$30.99
7	David Gauger	54534		\$235.00	\$7.05	\$30.99
8	Paula Johannesen	56395		\$235.00	\$7.05	\$30.99
9	Wililam Kronenberg	53974		\$235.00	\$7.05	\$30.99
10	Claire Langenberg	56091		\$235.00	\$7.05	\$30.99
11	Patricia Lee	52778		\$235.00	\$7.05	\$30.99
12	Kristen LeJuene	53454		\$235.00	\$7.05	\$30.99
13	Andrew Lietza	57237		\$235.00	\$7.05	\$30.99
14	Chikako Miyata	54894		\$235.00	\$7.05	\$30.99
15	Nancy Moore	55490		\$235.00	\$7.05	\$30.99
16	Ingrid Mullane	56397		\$235.00	\$7.05	\$30.99
17	Amy Nelson	56896		\$235.00	\$7.05	\$30.99
18	Karen Nelson	46550		\$235.00	\$7.05	\$30.99
19	Debra Ponko	55221		\$235.00	\$7.05	\$30.99
20	Julian Romane	54277		\$235.00	\$7.05	\$30.99
21	John Rosenkrans	56066		\$235.00	\$7.05	\$30.99
22	Dianne Ryan	52435		\$235.00	\$7.05	\$30.99
23	Ryan Rump	57484		\$235.00	\$7.05	\$30.99
24	Jennifer Silk	54128		\$235.00	\$7.05	\$30.99
25	Phil Stanley	54709		\$235.00	\$7.05	\$30.99
26	Thomas Stark	55156		\$235.00	\$7.05	\$30.99
27	David Victor	56436		\$235.00	\$7.05	\$30.99
28	Kristen Wiersum	56280		\$235.00	\$7.05	\$30.99
29	Michelle Wynton	54721		\$235.00	\$7.05	\$30.99
30	Richard Yeo	54530		\$235.00	\$7.05	\$30.99
				<b>\$7,050.00</b>	<b>\$211.50</b>	<b>\$929.70</b>

## COMMUNITY SYMPHONY ORCHESTRA AGREEMENT

This agreement between the Chicago Federation of Musicians, Local 10-208 ("Union"), and

**NEW PHILHARMONIC ORCHESTRA**("Employer"), relates to musicians engaged by Employer on a concert-by-concert basis to complement and enhance the regular members of the orchestra ("Supplemental Musicians").

1. Each Supplement Musician will be compensated according to the applicable Union Wage Scale of eighty-five dollars (\$85.) for each performance and sixty-five dollars (\$65.) for each rehearsal for the performance. Payment for the concert and preceding rehearsal will be made within **15** days after the concert.
2. The Employer will adhere to all applicable Bylaws and work rules of the Chicago Federation of Musicians and the American Federation of Musicians of the United States and Canada.
3. The Employer's failure to comply with the terms of this Agreement will result in its termination effective upon written notice from the Union.
4. The Employer will deduct **3%** work dues from the wages payable under paragraph (1) above and remit them to the Chicago Federation of Musicians, by check made payable to the Chicago Federation of Musicians within **15** days of the performance.
5. The Employer will contribute to the American Federation of Musicians' and Employers' Pension Fund (the "Fund") in accordance with the contribution schedule of the Rehabilitation Plan adopted by the Board of Trustees of the Fund on April 15, 2010 (the "2010 Rehabilitation Plan"), which is incorporated herein. The EMPLOYER shall pay the Fund an amount equal to Thirteen and one hundred eighty-nine thousandths percent (13.189%) on behalf of each Supplemental Musician of wages paid under paragraph (1) above. The Employer agrees to comply with the terms and conditions of the Agreement and Declaration of Trust Establishing the American Federation of Musicians and Employers' Pension Fund (as it may be amended from time to time), which is incorporated by reference into this Agreement. All contributions shall be paid by check payable to the Fund and sent to the Chicago Federation of Musicians no later than fifteen days following the date of the performance for which contributions are made, along with a remittance form showing the Employer's name and address; the type of engagement; the engagement start and end date(s); and, for each musician for whom pension is paid, the musician's last name, first name and middle initial, social security number, wages paid, and pension contribution amount.
6. Recordings may be made only for archival or study purposes and only if the Employer executes a separate archival agreement provided by the Union. Any other recording or use of recorded material may be done only if it is in accordance with the terms and conditions of the applicable American Federation of Musicians agreement, which is expressly incorporated herein.

Revised 11/22/21
7. This Agreement shall commence on **JANUARY 1, 2022** and, is subject to the provisions of paragraph (3) above.

8. This agreement shall terminate on **DECEMBER 31, 2023**.

Community Symphony Name: **NEW PHILHARMONIC ORCHESTRA**

Address: **MC ANINCH ARTS CENTER 625 FAWELL BLVD. #201**

City: **GLEN ELLYN** State: **IL** Zip 60137

By:  Date: 12/14/2021  
**ELLEN ROBERTS, VP/FINANCE**

Federal Not for Profit I.D. # 36-2594972

Chicago Federation of Musicians

By: \_\_\_\_\_ Date: \_\_\_\_\_  
**LEO MURPHY**  
Vice-President

**P.S. Please be aware that a Standard Musical Services Contract and Pension/Work Dues report must be filed with Local 10-208 for all engagements using our members. Failure to do so, may result in the termination of your Community Symphony Orchestra Agreement.**

Revised 11/22/21

"Junokas, Molly" <junokasm@cod.edu>

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**Check Request AFM & EP Fund Inv NP041523PEN**

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"Junokas, Molly" <junokasm@cod.edu>

Wed, Apr 26, 2023 at 07:21 PM UTC

CC:

BCC:

Good afternoon,

Please process the attached check request.

**Note:** Ellen McGowan to pick up check on 05/12.

Thanks,

**Molly Junokas**

McAninch Arts Center, College of DuPage

630-942-3042 | [junokasm@cod.edu](mailto:junokasm@cod.edu)

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**1 attachment**

AFM EP Pension NP South Pacific Inv NP041523PEN 929.70 04-25-23.pdf