

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1441454
Vendor Name: Laff Productions Inc
Invoice Number: NP24-RICKBAL
Invoice Date: 9/21/2023
PO Number:
Check Number: E0097408
Check Amount: \$ 10,000.00
Check Date: 10/04/2023
Voucher Number: V0803206
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: 09/21/2023 Vendor ID: 1441454 Vendor Name: Laff Productions, Inc
Payee Address: 3209 Burton Ave, Las Vegas, NV 89102 Payment Due Date: 11/04/2023

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
NP24-RICKBAL	05-60-11701-5309004	AUX New Philharmonic: Performing Arts Services	9,000.00
	06-40-05502-5309004	IAC/PIE: Performing Arts Services	1,000.00
Total			\$ 10,000.00

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:

Artist Fee Rick Michel NP Sinatra 11/04/23 (Final)

Please hold check for pickup by
Ellen McGowan (x3009).

Need by: 10/13/23 Thank you!

Other Instructions:

Final payment for performance on 11/04-05/23. Performance Contract and COI attached.

475 Soloist NP24_SINATRA

All requests will require the following approvals:

Requester: [Signature] Print Name: Kari Schoettle

Budget Officer: [Signature] 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): [Signature] Print Name: _____

Area Administrator (only required if request is \$5,000 and over): [Signature] Print Name: Diana Martinez

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: Dr. Mark Curtis Chávez

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



3209 Burton Ave. Las Vegas NV 89102
E-Mail-Laff @RickMichel.com
Cell-702-281-5237
EIN# 88-0382950

Agreement made this date, Monday, March 20th, 2023, by and between Laff Productions, Inc./ Rick Michel (hereinafter referred to as "Artist") and the McAninch Arts Center, College of DuPage (hereafter referred to as the "Purchaser"). It is understood and mutually agreed that the Purchaser engages the Artist to perform the following engagement upon all terms and conditions hereinafter set forth:

Artist(s): Rick Michel

**Venue: McAninch Arts Center, College of DuPage
425 Fawell Blvd.
Glen Ellyn, Illinois 60137**

Dates: Saturday/Sunday, November 4th/5th, 2023

Artists will perform one (1) 90-minute show in length (intermission included) with the New Philharmonic Orchestra. Artist will provide all Music, Video Footage, Lodging, Air and Ground Transportation. Purchaser will provide a 53 - piece Philharmonic Orchestra (17-Piece Big Band with 36 Strings), Backline, Merchandise Table to be sold before, during and after performance, (100% to Artist). Rehearsal time on Friday the 3rd between 7:30 pm to 10:00 pm with tech. Water to be supplied for Orchestra during rehearsal.

Artist to provide seller.

Type: Sinatra Forever - Salute to Frank Sinatra

No. Day/Show: 2/1

Show Time: 8:00 pm / 3:00 pm
7:30pm

Terms: \$20,000.00

ASAP after July 1, 2023 per College budget cycle.

Payments: \$10,000.00 US to Laff Productions, Inc due by final signature of this contract. The balance of \$10,000.00 shall be paid to Artist (Rick Michel) immediately after performance either by Check, Money Order, or Cashier's Check payable to Laff Productions Inc.

IN WITNESS WHEREOF, the parties have executed this agreement on the date first above written.

Laff Productions, Inc.
3209 Burton Ave.
Las Vegas, NV 89102
Fed ID #88-0382950

McAninch Arts Center, College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-3042

X

DocuSigned by:

4/18/2023

X

Laff Productions, Inc.
3209 Burton Ave. Las Vegas, NV 89102
702-281-5237

McAninch Arts Center
Molly Junokas Ellen Roberts, VP
630-942-3042 Administrative Affairs



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3-5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kellogg & Yenchek Insurance 2510 Wigwam Parkway #206 Henderson NV 89074	CONTACT NAME: Mindy Williams PHONE (A/C, No, Ext): (702) 384-6601 E-MAIL: mindy@kandyins.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (702) 384-4043 NAIC #
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COVERAGES

CERTIFICATE NUMBER: CI155705954

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NN554402	3/21/2015	3/21/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ included
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as additional insured when required by written contract.

RE: Sinatra Forever 11/3-5/2023

CERTIFICATE HOLDER

CANCELLATION

McAninch Arts Center, College of DuPage
425 Fawell Blvd, Glen
Ellyn, IL 60137

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mindy Williams/MINDY

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

Laff Productions check request \$10,000

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

Tue, Sep 26, 2023 at 08:42 PM UTC

CC:

BCC:

Please process. Thank you.

Kari Schoettle

Project Manager

McAninch Arts Center, College of DuPage

630-942-2914 | schoettlek@cod.edu

1 attachment

Laff Productions Inc 10000.00 Rick Michel New Phil Sinatra Final 11-04-23 check request_MCC.pdf