

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1015
Invoice Date: 8/20/2024
PO Number:
Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0845945
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 2.21, Vendor Payment.

Date: 8/27/24 Vendor ID: _____ Vendor Name: Sarpino's
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1015	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	271.88
Total			\$ 271.88

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.08.27 11:14:12 -05'00' Print Name: _____

Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.08.27 12:44:53 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com

**INVOICE**

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1015
DATE 08/20/2024
TERMS Net 30
DUE DATE 09/19/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/20/2024	Sales Accounts		1	271.88	271.88
SUBTOTAL					271.88
TAX					0.00
TOTAL					271.88
BALANCE DUE					\$271.88

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/16/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/20/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny
Digitally signed by Magdalena Ogrodny
Date: 2024.08.20 12:04:59 -05'00'

Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com															
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D: AmTrust North America</td><td></td></tr><tr><td>INSURER E: WatFord</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: AmTrust North America		INSURER E: WatFord		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea Occurrence)				\$ 250,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
			GENERAL AGGREGATE				\$ 2,000,000	
			PRODUCTS - COMP/OP AGG				\$ 2,000,000	
							\$	
E	AUTOMOBILE LIABILITY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)				\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)				\$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI Cyber Liability	\$100,000 \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER

CANCELLATION

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
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ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits Of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of
Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24



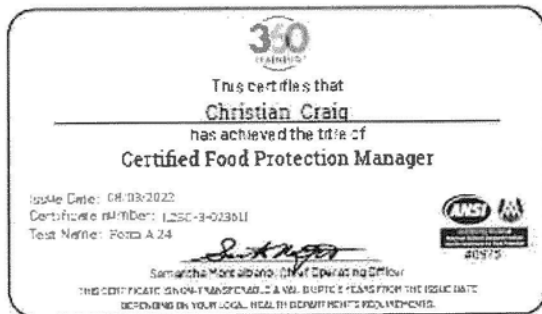

Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS*

5000 Plattsburgh Lake, Suite 305 | Austin, TX 78746 | 877.865.2235 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment

Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		
DBA: SARPINOS PIZZERIA GLEN ELLYN		
922 ROOSEVELT RD		Loc. Code: 022-0011-2-001
GLEN ELLYN IL 60137-7829		Glen Ellyn
		DuPage County
Expiration Date:	Certificate of Registration	
11/1/2024	Sales and use taxes and fees	(4425-7066)
		
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

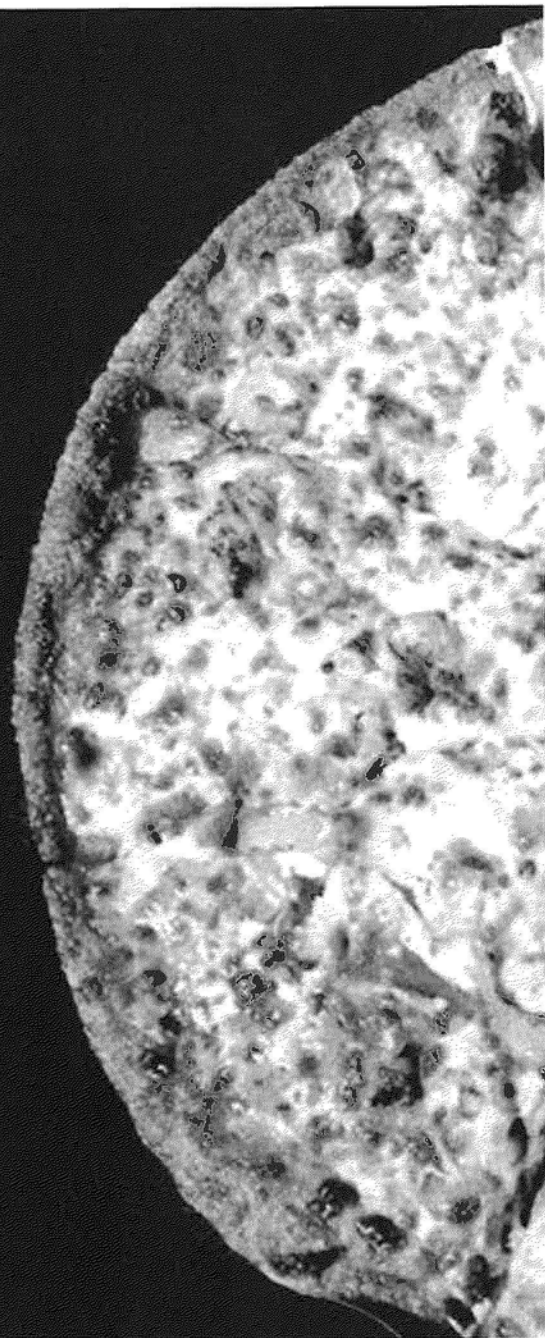
-Tortelini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1016
Invoice Date: 8/21/2024
PO Number:
Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0845935
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 2.21, Vendor Payment.

Date: 08/27/24 Vendor ID: _____ Vendor Name: Sarpino's

Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1016	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	271.88
Total			\$ 271.88

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.
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Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: Claude Waller Digitally signed by Claude Waller
Date: 2024.08.27 11:16:35 -05'00' Print Name: _____

Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.08.27 12:44:28 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (*cont.*)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com

**INVOICE**

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE	1016
DATE	08/21/2024
TERMS	Net 30
DUE DATE	09/20/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/21/2024	Sales Accounts		1	271.88	271.88
SUBTOTAL					271.88
TAX					0.00
TOTAL					271.88
BALANCE DUE					\$271.88

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/16/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/21/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny

Signature of Director Business Affairs

Digitally signed by Magdalena
Ogrodny
Date: 2024.08.20 12:05:28 -05'00'

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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PRODUCER Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com															
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000					
		MED EXP (Any one person) \$ 5,000					
		PERSONAL & ADV INJURY \$ 1,000,000					
		GENERAL AGGREGATE \$ 2,000,000					
		PRODUCTS - COMP/OP AGG \$ 2,000,000					
		\$					
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		BODILY INJURY (Per person) \$					
		BODILY INJURY (Per accident) \$					
		PROPERTY DAMAGE (Per accident) \$					
		\$					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
		E.L. EACH ACCIDENT \$ 500,000					
		E.L. DISEASE - EA EMPLOYEE \$ 500,000					
		E.L. DISEASE - POLICY LIMIT \$ 500,000					
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	CANCELLATION 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
--	---



ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits Of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of

Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24



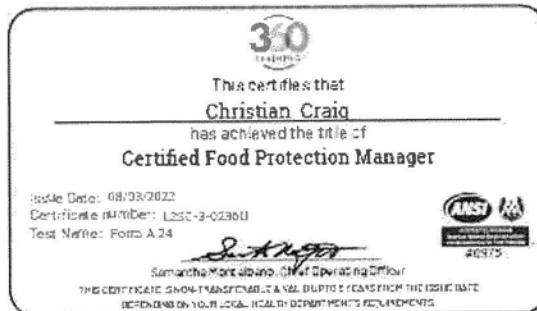

Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS*

5065 Plaza on the Edge, Suite 100, Austin, TX 78743 | 877.861.2255 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment

Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**
Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		 Loc. Code: 022-0011-2-001
DBA: SARPINOS PIZZERIA GLEN ELLYN		
922 ROOSEVELT RD		Glen Ellyn
GLEN ELLYN IL 60137-7829		DuPage County
Certificate of Registration		
Expiration Date: 11/1/2024	Sales and use taxes and fees	(4425-7066)
		 Director
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

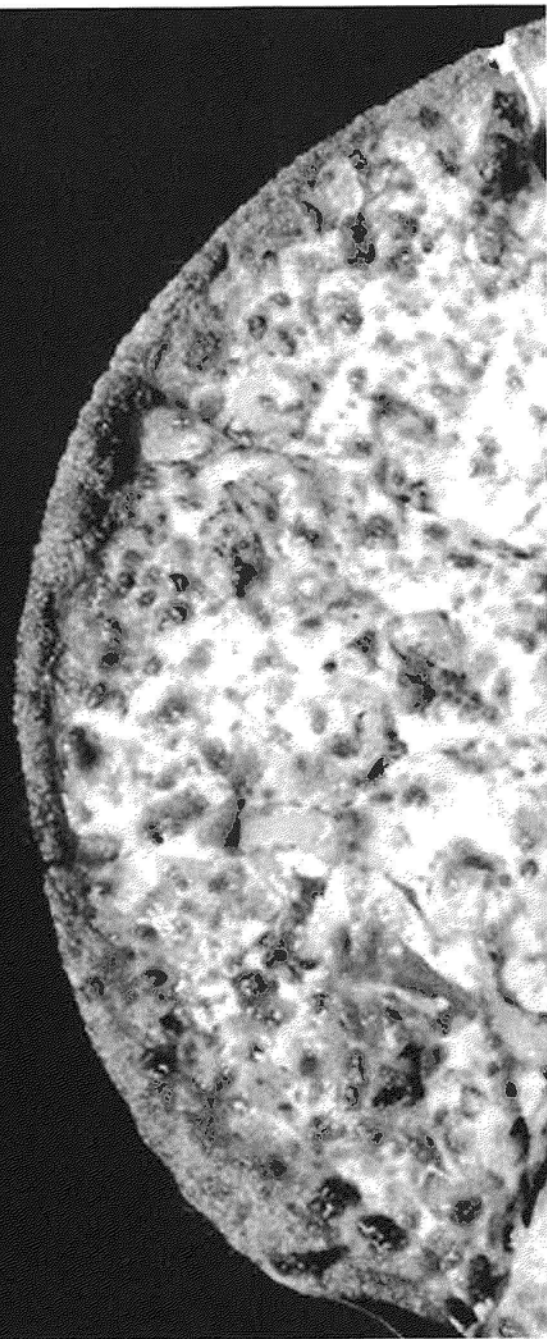
-Tortelini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1018
Invoice Date: 8/24/2024
PO Number:
Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0845933
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 2.21, Vendor Payment.

Date: 8/27/24 Vendor ID: _____ Vendor Name: Sarpino's
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1018	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	271.88
Total			\$ 271.88

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.08.27 11:21:28 -05'00' Print Name: _____

Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.08.27 12:45:15 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1018
DATE 08/24/2024
TERMS Net 30
DUE DATE 09/23/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/22/2024	Sales Accounts		1	271.88	271.88
SUBTOTAL					271.88
TAX					0.00
TOTAL					271.88
BALANCE DUE					\$271.88

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/16/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/22/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, **2)** State or Federal sanitation certification, permit or license, **3)** Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, **4)** Business License, and **5)** Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny

Digitally signed by Magdalena Ogrodny
Date: 2024.08.20 12:05:52 -05'00'

Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com															
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D: AmTrust North America</td><td></td></tr><tr><td>INSURER E: WatFord</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: AmTrust North America		INSURER E: WatFord		INSURER F:	
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INSURER E: WatFord																	
INSURER F:																	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000					
		MED EXP (Any one person) \$ 5,000					
		PERSONAL & ADV INJURY \$ 1,000,000					
		GENERAL AGGREGATE \$ 2,000,000					
		PRODUCTS - COMP/OP AGG \$ 2,000,000					
		\$					
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		BODILY INJURY (Per person) \$					
		BODILY INJURY (Per accident) \$					
		PROPERTY DAMAGE (Per accident) \$					
		\$					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
		E.L. EACH ACCIDENT \$ 500,000					
		E.L. DISEASE - EA EMPLOYEE \$ 500,000					
		E.L. DISEASE - POLICY LIMIT \$ 500,000					
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	CANCELLATION 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
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ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

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1. Required by the contract or agreement; or
 2. Available under the applicable Limits Of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of

Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24




Samantha Montalbano, Chief Operating Officer

THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS

5000 Plaza on the Lake, Suite 300 | Austin, TX 78745 | 877.850.2225 | www.360training.com

----- ✂ [CUT HERE] ----- ✂ [CUT HERE] -----



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment

Please contact us today to learn more about how you can take advantage
of these quality courses. or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue Illinois Business Authorization	OFFICIAL DOCUMENT
THE ALPHA PIE COMPANY		
DBA: SARPINOS PIZZERIA GLEN ELLYN		Loc. Code: 022-0011-2-001
922 ROOSEVELT RD		Glen Ellyn
GLEN ELLYN IL 60137-7829		DuPage County
Expiration Date: 11/1/2024	Certificate of Registration Sales and use taxes and fees	(4425-7066)
		 ILLINOIS REVENUE  Director
	OFFICIAL DOCUMENT	Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

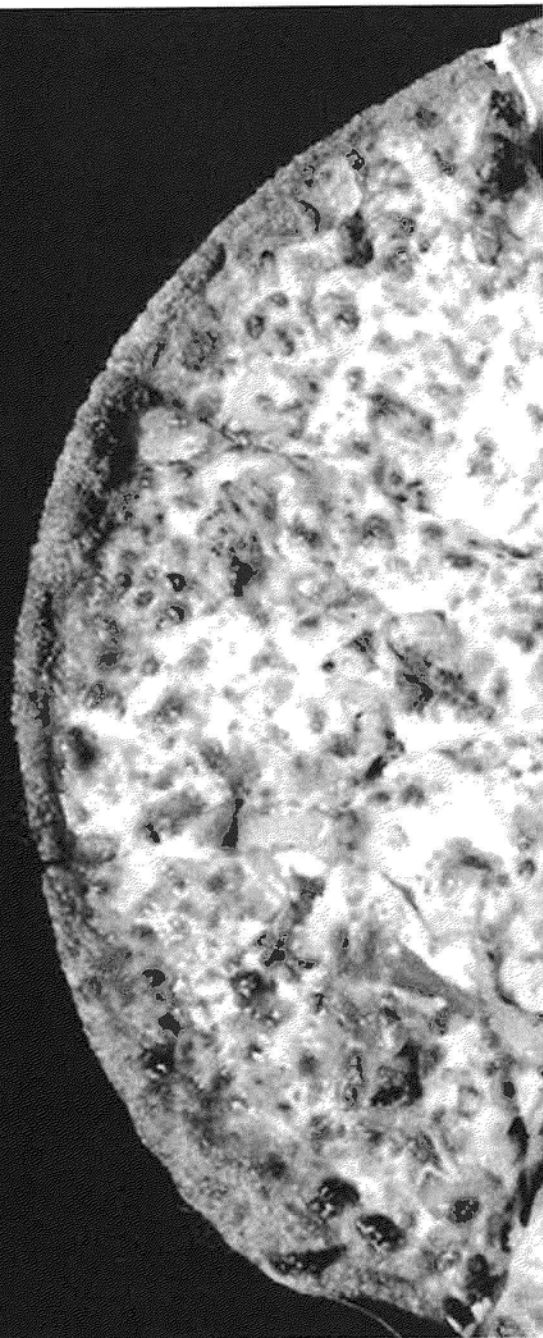
-Tortellini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1019
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Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0845932
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 2.21, Vendor Payment.

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 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

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1019	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	271.88
Total			\$ 271.88

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Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: Claude Waller Digitally signed by Claude Waller
Date: 2024.08.27 11:25:12 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.08.27 12:45:39 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (cont.)

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 Procurement Office.
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The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1019
DATE 08/24/2024
TERMS Net 30
DUE DATE 09/23/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/23/2024	Sales Accounts		1	271.88	271.88
SUBTOTAL					271.88
TAX					0.00
TOTAL					271.88
BALANCE DUE					\$271.88

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/16/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/23/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny


Signature of Director Business Affairs

Digitally signed by Magdalena Ogrodny
Date: 2024.08.20 12:06:16 -05'00'

02/20/23

8/16/24, 9:57 AM

Order Checkout Details - Order online in Glen Ellyn, IL | Sarpino's Glen Ellyn



Meet our
Tajin Elotes Pizza

Sarpino's Golden Pizza Crust with Sour Cream, Fire-roasted Corn, Jalapenos, Tajin, Cheese Mix, and Bacon!

The Tajin seasoning is the star player—a unique blend of Chilis, Lime, and Sea Salt, adding a delicious kick to any dish!

It's only here for a limited time! Get yours today!

ORDER NOW



MENU

SARPINO'S LOYALTY

ORDER HISTORY

COUPONS

Sarpino's Glen Ellyn

ADD COUPONS?

Add coupon code:

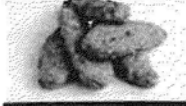
COUPON CODE

APPLY

SUMMARY:

2 6Pack Mountain Dew Drinks	Quantity	2	▼	Modify	Remove	\$11.98
2 6Pack Crush Orange Drinks	Quantity	2	▼	Modify	Remove	\$11.98
2 6Pack Brisk Sweet Tea w/Lemon	Quantity	2	▼	Modify	Remove	\$11.98
2 6Pack Pepsi Drinks	Quantity	2	▼	Modify	Remove	\$11.98
2 6Pack Diet Pepsi Drinks	Quantity	2	▼	Modify	Remove	\$11.98
2 6Pack Starry Drinks	Quantity	2	▼	Modify	Remove	\$11.98
5 16" Create your Own NO PAN CRUST No Dipping Sauce Thin Crust Cut Square	Quantity	5	▼	Modify	Remove	\$100.00
3 16" Create your Own NO PAN CRUST Pepperoni No Dipping Sauce Thin Crust Cut Square	Quantity	3	▼	Modify	Remove	\$60.00
2 16" Create your Own NO PAN CRUST Italian Sausage No Dipping Sauce Thin Crust Cut Square	Quantity	2	▼	Modify	Remove	\$40.00

MATCHING ITEMS!




Beyond Chicken
Tenders

\$10.99

Qty. 1 ▼

ADD TO ORDER



Tiramisu

\$7.99

Qty. 1 ▼

ADD TO ORDER

Free Delivery :	Free
Tax :	\$26.51
Total :	\$298.39

CONTINUE



[Food & Service Feedback](#)
[Website Feedback](#)
[Gift Cards](#)

[922 Roosevelt Rd, Unit A22, Glen Ellyn, IL 60137](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		INSURER A: Truck Insurance Exchange	21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D: AmTrust North America	
		INSURER E: WatFord	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
			PRODUCTS - COMP/OP AGG \$ 2,000,000				
							\$
E	AUTOMOBILE LIABILITY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
			\$				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	CANCELLATION 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
--	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER: 606971431

J7239
1st Edition



ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits Of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of

Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24





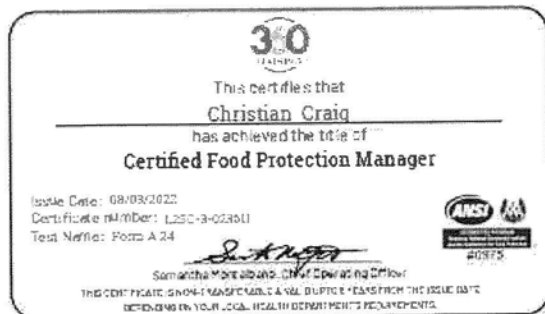
Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.*

5000 Plaza on the Lake, Suite 225 | Austin, TX 78746 | 877.851.2225 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:
Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment
Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		 Loc. Code: 022-0011-2-001 Glen Ellyn DuPage County
DBA: SARPINOS PIZZERIA GLEN ELLYN		
922 ROOSEVELT RD GLEN ELLYN IL 60137-7829		
Expiration Date: 11/1/2024	Certificate of Registration Sales and use taxes and fees	(4425-7066)
		 ILLINOIS REVENUE <i>[Signature]</i> Director
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

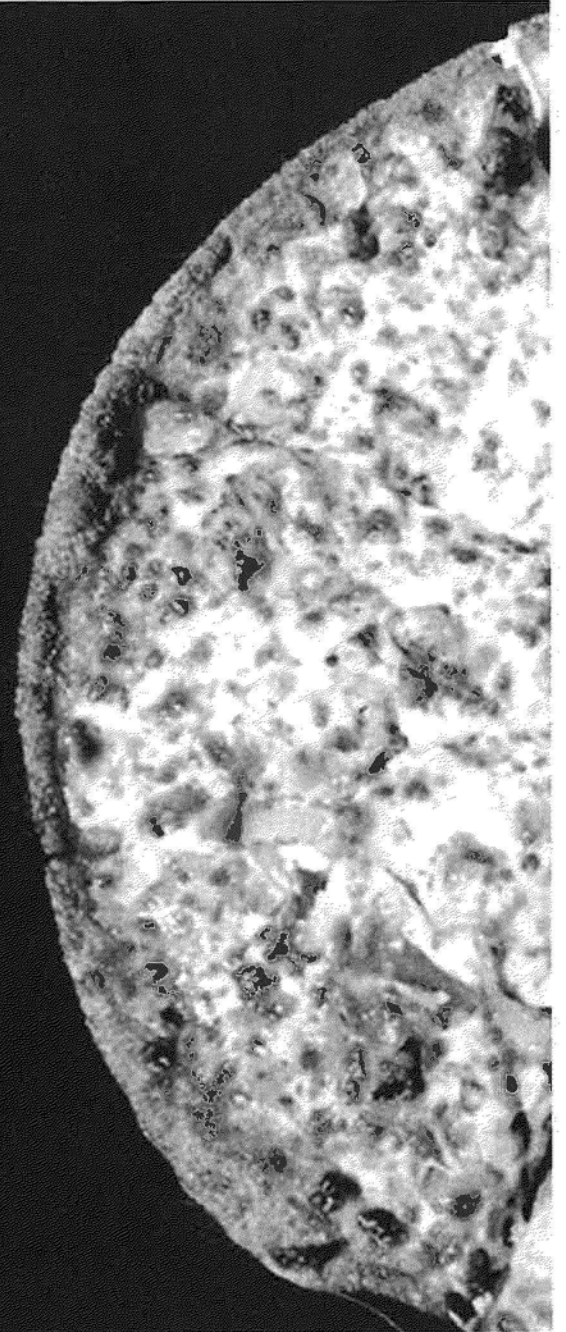
-Tortelini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1723066

Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'

Invoice Number: 1020

Invoice Date: 8/27/2024

PO Number:

Check Number: E0103104

Check Amount: \$ 2,846.42

Check Date: 09/10/2024

Voucher Number: V0846241

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 2.21, Vendor Payment.

Date: 9/3/24 Vendor ID: _____ Vendor Name: Sarpino's Pizzeria
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1020	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	351.78
Total			\$ 351.78

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.09.03 15:09:03 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.09.06 07:18:02 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com

**INVOICE**

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1020
DATE 08/27/2024
TERMS Net 30
DUE DATE 09/26/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/26/2024	Sales Accounts		1	351.78	351.78
SUBTOTAL					351.78
TAX					0.00
TOTAL					351.78
BALANCE DUE					\$351.78

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/20/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/26/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny
Digitally signed by Magdalena Ogrodny
Date: 2024.08.22 18:27:22 -05'00'

Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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.

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PRODUCER Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com																						
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COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000
							MED EXP (Any one person) \$ 5,000
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	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137		CANCELLATION 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	
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POLICY NUMBER: 606971431

J7239
1st Edition



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BUSINESSOWNERS COVERAGE FORM
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CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

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However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- Available under the applicable Limits Of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of
Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24




Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.*

5000 Plaza on the Lake, Suite 305 | Austin, TX 78745 | 877.861.2235 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)




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Test Name: Form A 24




Samantha Montalbano, Chief Operating Officer

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DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.*

Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment

Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

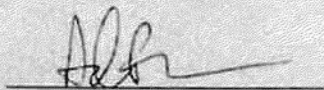
**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		
DBA: SARPINOS PIZZERIA GLEN ELLYN		Loc. Code: 022-0011-2-001
922 ROOSEVELT RD		Glen Ellyn
GLEN ELLYN IL 60137-7829		DuPage County
Expiration Date: 11/1/2024	Certificate of Registration Sales and use taxes and fees	(4425-7066)
		 Director
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

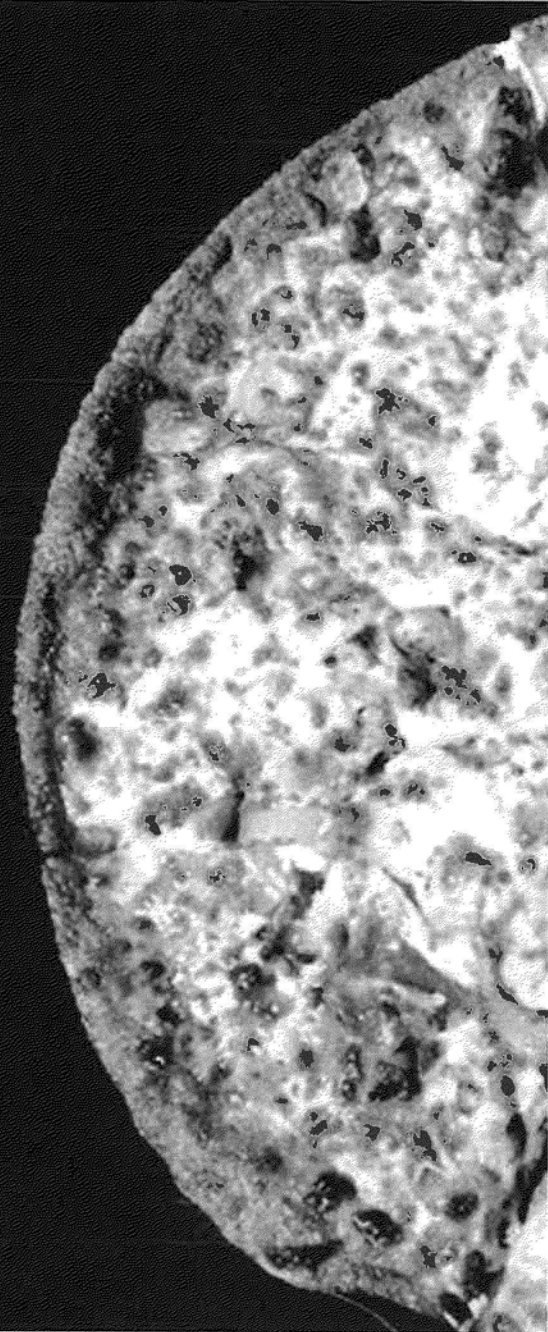
-Tortellini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1021
Invoice Date: 8/27/2024
PO Number:
Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0846240
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 2.21, Vendor Payment.

Date: 9/3/24 Vendor ID: _____ Vendor Name: Sarpino's Pizzeria
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1021	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	351.78
Total			\$ 351.78

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.09.03 15:16:24 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.09.06 07:17:30 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1021
DATE 08/27/2024
TERMS Net 30
DUE DATE 09/26/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/27/2024	Sales Accounts		1	351.78	351.78
SUBTOTAL					351.78
TAX					0.00
TOTAL					351.78
BALANCE DUE					\$351.78

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/20/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/27/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, **2)** State or Federal sanitation certification, permit or license, **3)** Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, **4)** Business License, and **5)** Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email
Signature of Catering Manager

Magdalena Ogrodny
Digitally signed by Magdalena Ogrodny
Date: 2024.08.22 18:31:54 -05'00'
Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		INSURER A: Truck Insurance Exchange	21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D: AmTrust North America	
		INSURER E: WatFord	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			\$				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER

College of Dupage
425 Fawell Blvd

Glen Ellyn

IL 60137

CANCELLATION

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

Alex Panozzo



ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
 BUSINESSOWNERS COVERAGE FORM
 APARTMENTOWNERS LIABILITY COVERAGE FORM
 CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph **C. Who Is An Insured** of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance** of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits Of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of
Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24




Samantha Montalbano, Chief Operating Officer

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5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:

Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment

Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

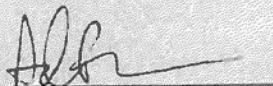
**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

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Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue Illinois Business Authorization	OFFICIAL DOCUMENT
THE ALPHA PIE COMPANY		
DBA: SARPINOS PIZZERIA GLEN ELLYN		Loc. Code: 022-0011-2-001
922 ROOSEVELT RD		Glen Ellyn
GLEN ELLYN IL 60137-7829		DuPage County
Expiration Date: 11/1/2024	Certificate of Registration Sales and use taxes and fees	(4425-7066)
		 ILLINOIS REVENUE <i>[Signature]</i> Director
	OFFICIAL DOCUMENT	Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

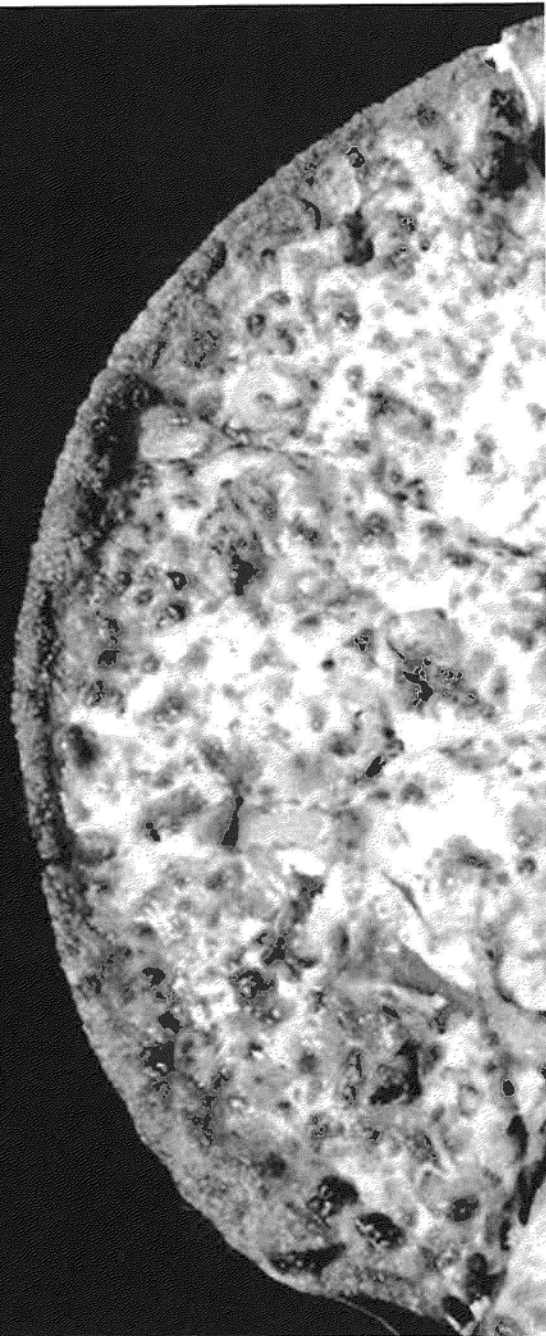
-Tortellini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1723066
Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'
Invoice Number: 1022
Invoice Date: 8/27/2024
PO Number:
Check Number: E0103104
Check Amount: \$ 2,846.42
Check Date: 09/10/2024
Voucher Number: V0845931
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 2.21, Vendor Payment.

Date: 9/3/24 Vendor ID: _____ Vendor Name: Sarpino's Pizzeria
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1022	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	351.78
Total			\$ 351.78

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.09.03 15:20:10 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.09.06 07:17:02 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (*cont.*)

Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

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Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE	1022
DATE	08/27/2024
TERMS	Net 30
DUE DATE	09/26/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/28/2024	Sales Accounts		1	351.78	351.78
SUBTOTAL					351.78
TAX					0.00
TOTAL					351.78
BALANCE DUE					\$351.78



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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.

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PRODUCER Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com															
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D: AmTrust North America</td><td></td></tr><tr><td>INSURER E: WatFord</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: AmTrust North America		INSURER E: WatFord		INSURER F:	
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INSURER D: AmTrust North America																	
INSURER E: WatFord																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			\$				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER

College of Dupage
425 Fawell Blvd

Glen Ellyn

IL 60137

CANCELLATION

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

Alex Panozzo



**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –
SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
APARTMENTOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph C. Who Is An Insured of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
 - Available under the applicable Limits Of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of
Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24

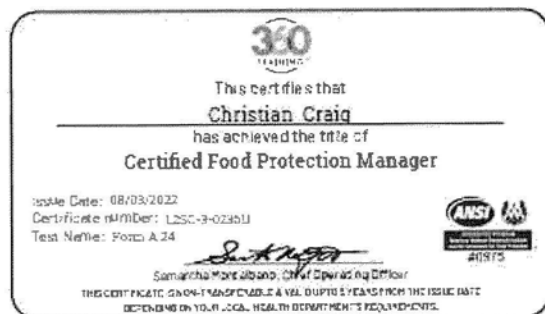



Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UP TO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS.*

5000 Plaza on the Lake, Suite 305 | Austin, TX 78748 | 877.861.2235 | www.360training.com

----- ✂ (CUT HERE) ----- ✂ (CUT HERE) -----



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:
Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment
Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		
DBA: SARPINOS PIZZERIA GLEN ELLYN		Loc. Code: 022-0011-2-001
922 ROOSEVELT RD		Glen Ellyn
GLEN ELLYN IL 60137-7829		DuPage County
Expiration Date:	Certificate of Registration	
11/1/2024	Sales and use taxes and fees	(4425-7066)
		 ILLINOIS REVENUE
		<i>[Signature]</i> Director
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®
PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)

\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

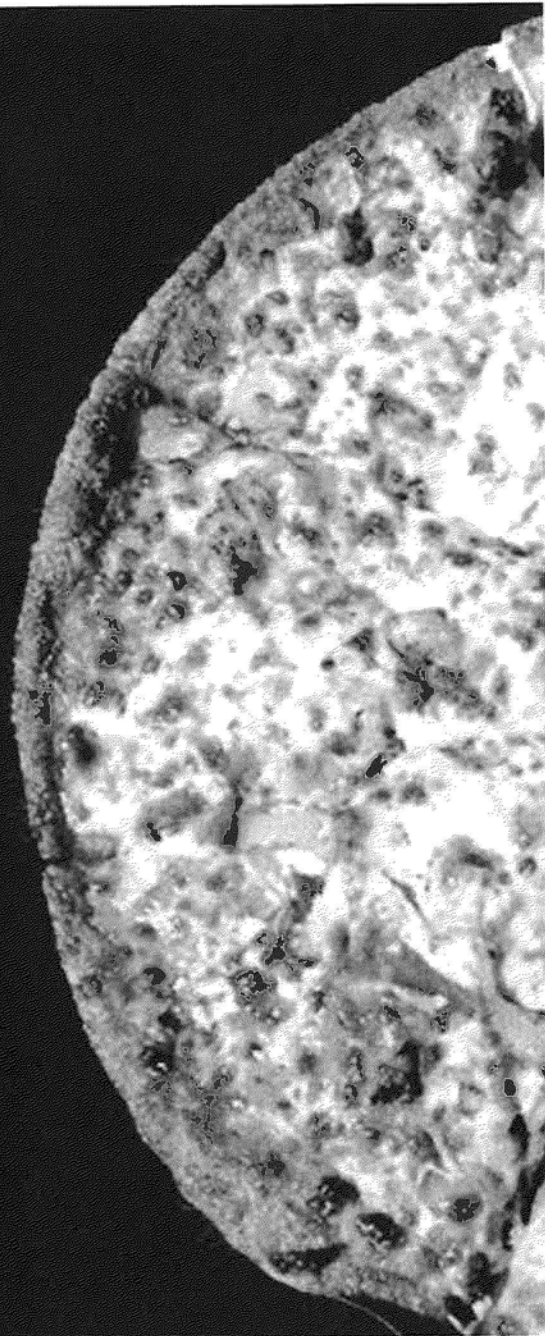
-Tortellini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1723066

Vendor Name: The Alpha Pie Company Inc.,Dbasarpino'

Invoice Number: 1023

Invoice Date: 8/27/2024

PO Number:

Check Number: E0103104

Check Amount: \$ 2,846.42

Check Date: 09/10/2024

Voucher Number: V0846242

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 2.21, Vendor Payment.

Date: 9/3/24 Vendor ID: _____ Vendor Name: Sarpino's Pizzeria
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1023	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	351.78
Total			\$ 351.78

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.09.03 15:21:46 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.09.06 07:16:36 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (cont.)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1023
DATE 08/27/2024
TERMS Net 30
DUE DATE 09/26/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/29/2024	Sales Accounts		1	351.78	351.78
SUBTOTAL					351.78
TAX					0.00
TOTAL					351.78
BALANCE DUE					\$351.78

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/20/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/29/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email

Signature of Catering Manager

Magdalena Ogrodny
Digitally signed by Magdalena
Ogrodny
Date: 2024.08.22 18:32:44 -05'00'

Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com															
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D: AmTrust North America</td><td></td></tr><tr><td>INSURER E: WatFord</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: AmTrust North America		INSURER E: WatFord		INSURER F:	
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COVERAGES

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			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000				
			MED EXP (Any one person) \$ 5,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000	
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
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CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	CANCELLATION 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
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This certifies that
Christian Craig

has achieved the title of
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Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24



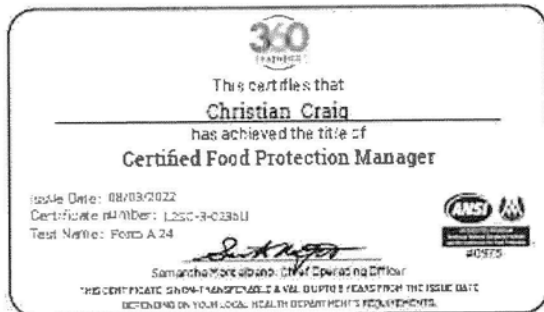

Samantha Montalbano, Chief Operating Officer

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5660 Plainesville Lake, Suite 505 | Austin, TX 78745 | (512) 851-2235 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:
Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment
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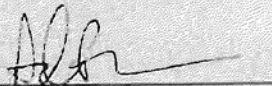
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Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

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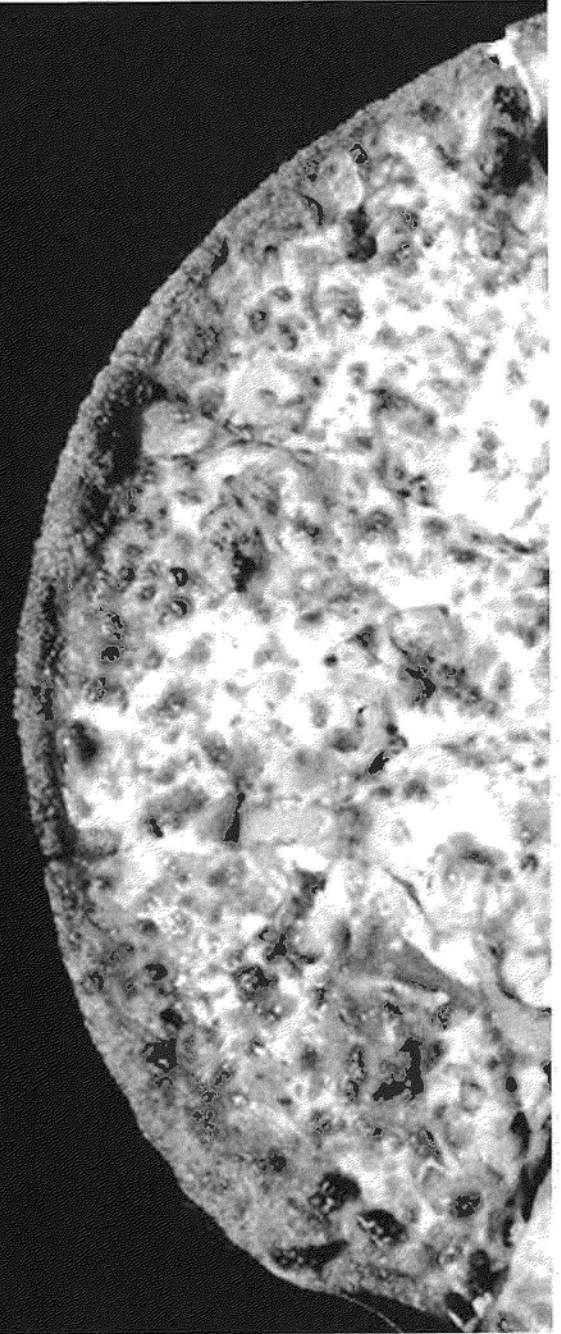
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Document Below

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 2.21, Vendor Payment.

Date: 9/3/24 Vendor ID: _____ Vendor Name: Sarpino's Pizzeria
 Payee Address: 922 Roosevelt Rd Glen Ellyn, IL 60137 Payment Due Date: ASAP

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1024	06-30-05449-5309001	ICCB FASFA 25: Other Contractual Services Exp	351.78
Total			\$ 351.78

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: Claude Waller Digitally signed by Claude Waller
Date: 2024.09.03 15:23:19 -05'00' Print Name: _____
 Budget Officer: Nicole LaCognata Digitally signed by Nicole LaCognata
Date: 2024.09.06 07:16:12 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Check Request Form (*cont.*)

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 Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

Sarpino's Pizzeria Glen Ellyn

922 Roosevelt Rd
Glen Ellyn, IL 60137 US
+1 6307909500
6307909500@sarpinos-usa.com



INVOICE

BILL TO
Claude Waller
Seaton Computing Center
425 Fawell Blvd
Glen Ellyn, IL 60559
United States

INVOICE 1024
DATE 08/27/2024
TERMS Net 30
DUE DATE 09/26/2024

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
08/30/2024	Sales Accounts		1	351.78	351.78
SUBTOTAL					351.78
TAX					0.00
TOTAL					351.78
BALANCE DUE					\$351.78

College of DuPage
FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 8/20/24

Type of Group: Student
(Faculty/Staff/Student/Community)

Date of Event: 8/30/24

Time of Event: 12:30pm

Your Name: Claude Waller

Name of Group: Student Financial Assistance Department

Name of Contact Person: Claude Waller

Phone Number: 2267

Address: 425 Fawell

Name & Description of Event: Student Financial Assistance Department's FASFA Lab

Description of Food/Beverage Needs:

Pizza and beverages

What portion of the needs listed above can be provided by Dining Services?

Explain the reason why Dining Services cannot meet all of your needs:

The next available order date for Sodexo is beyond the date the food is needed.

All outside caterers to be utilized must submit one month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

Approved: ☒

(For Dining Services Use Only)

Denied: ☐

Comments:

Approved by L. Konicek via 8.20.24 email
Signature of Catering Manager

Magdalena Ogrodny
Digitally signed by Magdalena Ogrodny
Date: 2024.08.22 16:33:14 -05'00'
Signature of Director Business Affairs

02/20/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024

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 have ADDITIONAL INSURED provisions or 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 Alex Panozzo(2208393) 7 S Lincoln St Ste 11 Hinsdale IL 60521-3469		CONTACT NAME: PHONE (A/C, NO, EXT): 630-850-7220 FAX (A/C, NO): 630-371-1584 E-MAIL ADDRESS: apanozzo@farmersagent.com													
INSURED ALPHA PIE COMPANY INC 922 ROOSEVELT RD GLEN ELLYN IL 60137		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D: AmTrust North America</td><td></td></tr><tr><td>INSURER E: WatFord</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: AmTrust North America		INSURER E: WatFord		INSURER F:	
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INSURER B: Farmers Insurance Exchange	21652														
INSURER C: Mid Century Insurance Company	21687														
INSURER D: AmTrust North America															
INSURER E: WatFord															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			606971431	12/06/2023	12/06/2024	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 250,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
			PRODUCTS - COMP/OP AGG \$ 2,000,000				
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			JCAP0351-01	01/09/2023	01/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			\$				
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
							AGGREGATE \$
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	SWC1371267	12/08/2023	12/08/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	EPLI Cyber Liability	Y	N	606971431	12/06/2023	12/06/2024	EPLI \$100,000 Cyber Liability \$50,000

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

Building Property-\$200,000
Business Personal Property-\$160,000
Business Income-18 Month Actual Loss Sustained.

CERTIFICATE HOLDER College of Dupage 425 Fawell Blvd Glen Ellyn IL 60137	CANCELLATION 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
--	---



ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
 BUSINESSOWNERS COVERAGE FORM
 APARTMENTOWNERS LIABILITY COVERAGE FORM
 CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
COLLEGE OF DUPAGE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following is added to Paragraph **C. Who Is An Insured** of the applicable Coverage Form:

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance** of the applicable Coverage Form:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits Of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



LEARN2SERVE FOOD PROTECTION MANAGER CERTIFICATION

This certifies that
Christian Craig

has achieved the title of
Certified Food Protection Manager

Issue Date: 08/03/2022

Certificate number: L2SC-3-023611

Test Name: Form A 24




Samantha Montalbano, Chief Operating Officer

*THIS CERTIFICATE IS NON-TRANSFERABLE & VALID UPTO 5 YEARS FROM THE ISSUE DATE
DEPENDING ON YOUR LOCAL HEALTH DEPARTMENT'S REQUIREMENTS*

5000 Plaza on the Lake, Suite 305 | Austin, TX 78745 | 877.821.2235 | www.360training.com

✂ (CUT HERE)

✂ (CUT HERE)



Congratulations on becoming a Certified Food Protection Manager.

Learn2Serve also provides training courses in:
Food Safety Handler, Alcohol Seller/Server, HACCP, and Sexual Harassment
Please contact us today to learn more about how you can take advantage
of these quality courses, or visit www.Learn2Serve.com.

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:


**SARPINO'S PIZZERIA
922 ROOSEVELT RD
GLEN ELLYN, IL 60137**

PERMIT NUMBER: PT0003919

EXPIRATION DATE: 4/30/2025

This License is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the License rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**

Everyone. Everywhere. Everyday

Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
THE ALPHA PIE COMPANY		 Loc. Code: 022-0011-2-001 Glen Ellyn DuPage County
DBA: SARPINOS PIZZERIA GLEN ELLYN		
922 ROOSEVELT RD GLEN ELLYN IL 60137-7829		
Expiration Date: 11/1/2024	Certificate of Registration Sales and use taxes and fees	(4425-7066)
		 ILLINOIS REVENUE  Director
OFFICIAL DOCUMENT		Issued Date: 09/02/2023

Sarpino's®

PIZZERIA

L Pizza 1 topping- \$13 (feeds 3-4)

XL Pizza 1 topping- \$15 (feeds 4-5)

Extra toppings \$.50 each.

5 lbs tray wings (spicy or plain)
\$38

Salad trays \$20 (feeds 6-8)

-Greek

-Ceaser

-Garden

Pasta tray \$35 (feeds 6-8)

-Tortellini

-Spaghetti

-Lasagna

-Ravioli

Our delivery is free!

