

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1760742

Vendor Name: 2d restaurant Lakeview LLC DBA 2d restaurant

Check Details:

Check Number: E0105969

Check Amount: \$ 12,495.00

Check Date: 3/4/2025

Invoice Details:

Invoice Number: HOKUSAI-2DDEP

Invoice Date: 2/24/2025

PO Number: NULL

Voucher Number: V0872945

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: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

Requests \$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.

CONTRACT AGREEMENT

This Agreement is made and entered into as of 02/12/25, by and between:

Client: Cleve Carney Museum of Art ("Client")

Contractor: 2d Restaurant ("Contractor")

1. PROJECT SCOPE

Contractor agrees to provide the following services for the Client:

- **Site Survey / Detailed Floor Plans**
- **Crafting the Concept Narrative**
- **Wall Design for 17 walls**
- **Two (2) revision rounds**
- **One 3D element creation and installation (TBD)**
- **Illustrating Custom Artwork in high-resolution vector files (No Installation)**
- **Custom vinyl flooring (Tatami flooring, mark on the plan) (No Installation)**
- **On-site supervision during installation**
- **Conducting inspections**
- **Project Timeline Work Breakdown Structure (WBS)**

2. PRICE & PAYMENT TERMS

Total Price: **\$24,990**

Payments shall be made in the following schedule:

- **50% (\$12,495) deposit due immediately** upon contract signing.
- **40% (\$9,196) due upon Client's receipt of all 17 vector files.**
- **10% (\$2,490) due upon completion of installation.**

All payments shall be made via check or ACH to 2d restaurant lakeview LLC. Late payments beyond ~~10~~ 60 days of due date shall incur a ~~2%~~ **1% late fee** per ~~month~~ week.

3. RESPONSIBILITIES

- **Contractor Responsibilities:**
 - Provide all deliverables listed under the project scope.
 - Conduct a site survey, develop floor plans, and craft concept narrative.
 - Deliver high-resolution vector files for custom artwork.
 - Provide on-site supervision and conduct inspections during installation.
- **Client Responsibilities:**
 - Provide timely feedback and approvals during the design process.
 - Handle all vinyl flooring and artwork installation (unless otherwise agreed).
 - Ensure access to the site for survey, installation, and supervision.

- Process payments as per agreed schedule.

4. REVISIONS & ADDITIONAL WORK

- Two (2) revisions are included in the price. Any additional revisions will be charged at **\$250 per revision per wall**.
- Any additional work outside of the agreed scope will require a separate written agreement and additional fees.

5. TIMELINE

- Contractor shall provide a project timeline **Work Breakdown Structure (WBS)** for review with the completion date of 05/19/25.
- Any delays caused by the Client (e.g., late approvals, site access issues) may extend the project timeline.
- Installation supervision will be scheduled in advance to align with the Client's timeline.

6. TERMINATION

- Either party may terminate this agreement with a **written 14-day notice**.
- In case of termination, payments made will not be refunded. If termination occurs after work has started but before completion, Client shall pay for all completed work and a **prorated amount** for work in progress.

7. INTELLECTUAL PROPERTY RIGHTS

- Contractor retains ownership of all intellectual property (custom artwork, vector files, and designs) until full payment is received.
- Upon full payment, Client will receive a **non-exclusive license** to use the designs within the agreed installation during the exhibit from 05/31/25 - 09/21/25.
- Contractor retains the right to use the project for portfolio, marketing, and promotional purposes.

8. LIABILITY & INDEMNIFICATION

- Contractor is not liable for any damages, delays, or losses caused by third-party installers, construction teams, or unforeseen circumstances.
- Client agrees to indemnify and hold Contractor harmless from any claims arising from the misuse or modification of provided designs.

9. DISPUTE RESOLUTION

- Any disputes shall first be resolved through **good-faith negotiations**. If unresolved, disputes will be settled via **mediation** in Illinois.

10. GOVERNING LAW

- This agreement shall be governed by the laws of **the State of Illinois** with courts in **DuPage County, Illinois.** ~~cook county, Illinois.~~

11. SIGNATURES

By signing below, both parties acknowledge and agree to the terms of this Agreement.

Signed by:
Client Representative:
Signature: 
49000CF0BC3F425...

Name: Ellen Roberts

Date: 2/24/2025

Contractor Representative (2d Restaurant):

Signature: _____

Name: Kevin Yu

Date: _____

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

2d check request \$12495

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

Tue, Feb 25, 2025 at 04:32 PM UTC

CC:

BCC:

Please process. Thank you.

Kari Schoettle

Project Manager

McAninch Arts Center, College of DuPage

630-942-2914 | schoettlek@cod.edu

1 attachment

2d check request 12495 deposit ksdm.pdf