

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1761375

Vendor Name: SA-Millington LLC

Check Details:

Check Number: 0336687

Check Amount: \$ 206.00

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 3165166225

Invoice Date: 1/21/2025

PO Number: NULL

Voucher Number: V0875817

Document Type: AP Invoice

Document Below

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Fri, Feb 28, 2025 at 04:13 PM UTC

CC:

BCC:

1 attachment

4726_001.pdf

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: 2/26/2025 Vendor ID: 1761375 Vendor Name: SA-Millington
 Payee Address: 4351 Babe Howard Blvd., Millington, TN 38053 Payment Due Date: 3/15/2025

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
3165166225	01-30-12032-5503006	Baseball Team: Out-of-State Travel Costs	206.00
Total			\$ 206.00

Check the appropriate box below:

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

Description on Check:

Feb. 28 - March 2 Babe Howard JUCO Classic Facility use fee.

*Give permission for
check to be written.
Ryan*

Other Instructions:

All requests will require the following approvals:

Requester:  Print Name: Ryan Kaiser

Budget Officer:  Print Name: Ryan Kaiser

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



E COMMERCE SA-MILLINGTON

4351 BABE HOWARD BLVD, MILLINGTON, TN 38053

3165166225

Your payment is due February 20, 2025

Due by February 20, 2025

\$206.00

Pay \$206.00

Invoice #1E6RSEE990BCP

Created January 21, 2025

Bill to:

leahyp314@cod.edu

College of Dupage Baseball

"Feb. 28-March 2 Babe Howard JUCO Classic facility use fee (4 games)"

Subtotal	\$200.00
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Convenience Fee	\$6.00
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Total	\$206.00
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Pay \$206.00

Smith, Bev

From: Smith, Bev
Sent: Wednesday, February 26, 2025 12:08 PM
To: Accounts Payable
Subject: Vendor 1761375 SA-Millington

Can we add the following as an alternative address for SA-Millington?

SA-Millington
4351 Babe Howard Blvd.
Millington, TN 38053

The address on the W-9 is the Corporate address. The Baseball team is going to Millington, TN.



Beverly Smith

ADMINISTRATIVE ASSISTANT

Office # (630) 942-4242

Email smithb244@cod.edu

Location PEC 121R

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SA-Millington LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☒ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1011 Rancho Conejo Blvd

6 City, state, and ZIP code
Thousand Oaks, Ca 91320

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		

or

Employer identification number								
9	9	-	1	7	1	4	6	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 4-3-24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

VENDOR INTAKE FORM

REQUESTER INFORMATION

Today's Date: 2/19/25

Requesting Department: Athletics

Contact Name: Beverly Smith

Phone: 4242

VENDOR INFORMATION

Vendor Name: SA-Millington LLC

Vendor Contact Person: Misty

Vendor Email: misty@usastadiumtn.com

Vendor Phone Number:

Vendor Fax Number (optional):

SUBMIT FORM

PROCUREMENT USE ONLY

FEIN#:

Name (as shown on line 1 of W9):

Business Name (Line 2 of W9):

W9 Attached: ☐

Proof of Good Standing Attached: ☐

Is the vendor a Minority, Female, or Persons with Disability Owned Business and certified with the State of Illinois Business Enterprise Program? ☐ YES ☐ NO

Date Completed:

Completed By:

Requester Notified: ☐