

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1416816

Vendor Name: Anonymous Design, Inc

Check Details:

Check Number: 0339910

Check Amount: \$ 19,913.97

Check Date: 6/10/2025

Invoice Details:

Invoice Number: ANON-HOK-FY25

Invoice Date: 5/28/2025

PO Number: NULL

Voucher Number: V0887301

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.

McAninch Arts Center/College of DuPage
Hokusai & Ukiyo-e exhibition materials
May 21,2025

DESIGN AND PRODUCTION

Based on the specifications:

1. EXHIBITION SIGNAGE

Meet with MAC/CCMA team to discuss exhibition signage. Create a document to "track" all signs, including options, sizes and quantities. Visit MAC numerous times for measurements and review. Create bid packets and meet with three printers to review best options, materials and cost. Solicit production estimates. Design options for all 35 signs for client review. Revise per guidance. Isolate graphics in provided art files of suspended banners. Rework twelve (12) high-resolution images for use. Update all signs per client guidance to final. Once approved, create high-resolution production files, oversee proofs and production. Create hanging brackets for the "Step into Edo" signs. Order stands and misc. supplies needed for the installation of the signs.

Design of all signs for client review	\$3,925.00
Production of all signs	5,450.00
Design and Production subtotal	\$9,375.00
Purchases	
Map sticker dots (ChromaLabel –1,140 pack)	96.44
Hardware/stands (DisplaystoGo – Four 36" and two 24" stands)	631.03
Signage (Yorke Printe)	9,811.50
Purchases subtotal	\$10,538.97
Total	\$19,913.97

**AGREEMENT
Between
COLLEGE OF DuPAGE
And
ANONYMOUS DESIGN**

This Agreement is entered into on **May 21, 2025** between College of DuPage and **ANONYMOUS DESIGN** (Consultant).

SERVICES: ANONYMOUS DESIGN shall perform the following services for the College of DuPage:

- Design and produce signage for Hokusai Exhibition, opening 05/31/2025

Consultant will perform duties at the College using College facilities as appropriate.

WORK PRODUCT: All documents, including reports and all other work products produced by Consultant under this Agreement shall become and remain the property of College of DuPage. The Consultant shall submit any document, publication, brochure, electronic media, etc., which was developed for College of DuPage under this Agreement to the College for copyright or trademark by the College.

TERM: The term of this agreement shall be **May 21, 2025** to **May 31, 2025**.

REMUNERATION: A rate not to exceed **\$20,000** per **contract** shall be paid to **ANONYMOUS DESIGN**. Invoices for services are to be submitted to College of DuPage prior to any payment to **ANONYMOUS DESIGN**.

INDEPENDENT CONTRACTOR: It is understood, acknowledged and agreed by the Parties that the relationship of Consultant to the College arising out of this Agreement shall be that of an independent contractor. Neither Consultant nor any employee or agent of Consultant is an employee or agent of the College and therefore, is not entitled to any benefits provided employees of the College. Consultant has no authority to employ/retain any person as an employee or agent for or on behalf of the College for any purpose. Consultant shall not represent to anyone that he is an employee of the College.

PAYMENT: Consultant must agree to receive all payments from the College via an Automated Clearing House (ACH) transfer (CCD file format only). Instructions for registering for ACH payments are available on the College's Purchasing Department website: <http://www.cod.edu/about/purchasing/index.aspx>.

TAXES: ANONYMOUS DESIGN shall be responsible for any and all state, local and federal taxes due related to income from the above services. Consultant shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. **ANONYMOUS DESIGN** is required to provide a completed IRS W-9 document in order to do business with the College.

LIAISON: While performing these services, it is understood that **ANONYMOUS DESIGN** will coordinate with Diana Martinez, MAC Director.

LIABILITY: ANONYMOUS DESIGN agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorney's fees, which may arise during the performance of this agreement.

ANONYMOUS DESIGN also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. **ANONYMOUS DESIGN** shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grants

rights, against all damages suffered and expenses incurred based on any breach or alleged breach of **ANONYMOUS DESIGN's** warranty.

RESTRICTIVE COVENANTS: The Consultant will not, during the period of this Agreement, use any Information for his own benefit or for the benefit of any person or entity other than College of DuPage; disclose to any person or entity any Information learned as part of this consult; or remove or make copies of any Information, in any form; except, in each case, as may be required within the scope of Consultant's duties during the term of this Agreement.

Consultant agrees to comply fully with the Federal Equal Employment Opportunities Act, including 29 C.F.R./Part 1609 "Guidelines on Harassment," the Illinois Human Right Act, the Americans with Disabilities Act, and all applicable rules and regulations promulgated thereunder and all amendments made thereto, Title VII of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973, and any additions or amendments, and Consultant represents certifies and agrees that it has implemented a sexual harassment policy pursuant to 775 ILCS 5/2-105 and that no person shall be denied or refused service or other full or equal use of Consultant's services, or denied employment opportunities by Consultant on the basis of race, creed, color, religion, sex, national origin or ancestry, age disability unrelated to ability, marital status, or unfavorable discharge from military service.

Upon termination of this Agreement, or at any such time as the College may request, the Consultant will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Consultant will not at any time assert any rights in or with respect to any Information. For purposes of this Agreement, "Information" means any, research, operational, product or service information, processes, data, samples, drawings, market information, customer information, manner of operation, techniques, databases, promotions, and other information that may be deemed similar to, based on or derived from any of the foregoing, or information. Information does not include information, knowledge, or data, which the Consultant can prove, was in individual's possession prior to the commencement of this Agreement or information, knowledge, or data, which was or is in the public domain.

CERTIFICATION: All independent consultants must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988. (Must check one)

X I certify that I am not in default of an educational loan guaranteed by the State in the amount of \$600.00 or more.

 I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Consultant. The College shall not be responsible for any services or expenses incurred after the date of termination.

In consideration thereof, both parties agree to the conditions set forth above.

Consultant

Name **Bradley Evans**

20-1187730

SS# OR FEIN

Ellen M. Roberts
Vice President, Administrative Affairs

Signed by:

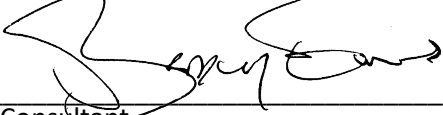
Ellen Roberts

49066CF0BC3F425...

Date **May 22, 2025**

Date 5/28/2025

I agree with the terms stated above and certify that I have received a copy of the contract agreement.



Consultant

May 22, 2025

Date

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Check Request - Anonymous Design Bradley Evans) \$19,913.97

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Mon, Jun 2, 2025 at 06:21 PM UTC

CC:

BCC:

For processing. Thank you!

Linda Sharbaugh

McAninch Arts Center, College of DuPage

sharbaughl@cod.edu | 630-942-3009

pronouns: she/her

1 attachment

Check Request Anonymous Design (Bradley Evans) 19913.97 CCMA_Hokusai 5.28.25 lsmjdm.pdf