

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1555144  
Vendor Name: Potbelly Sandwich Works, LLC  
Invoice Number: B0359278  
Invoice Date: 07/23/18  
PO Number: B0359278  
Check Number: 0237680  
Check Amount: \$ 882.05  
Check Date: 07/24/2018  
Department ID: 11601  
Reviewer Name:  
Voucher Number: V0521585  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: townej@cod.edu  
Sent: Mon Jul 23 14:09:10 CDT 2018  
To: invoicing@cod.edu  
CC: mcgowan@cod.edu  
Subject: College of DuPage BO 359278 Check Enclosed Request  
-----

Hello,



Please see the attached check enclosed request for BO 359278.

Thank you,

*Jordan Towne*  
*Purchasing Expeditor*



425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA  
T: ( 630) 942.2576 | F: (630) 942.4201 | [townej@cod.edu](mailto:townej@cod.edu)

-  [Click Here for current bids/Rfps!](#)
-  [COD: Check out our Team Site!](#)

**Bill To:****College of DuPage**

College of DuPage Accounts Payable  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Accounts Payable, SRC2049  
Phone: 630-942-2228  
Fax: 630-858-9078

**Vendor:**

1555144  
Potbelly Sandwich Works, LLC  
111 N. Canal St.  
Ste 850  
Chicago, IL 60666  
Attn: Mark Buczkiewicz

Phone: 630-699-8320  
Fax:



Check  
Enclosed

**PURCHASE ORDER**

359278

Page: 1

Release Method: Hard Copy

Release Date: 07/23/2018

Created Date: 07/23/2018

**Ship To:**

BLANKET PO  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Purchasing Manager

Phone: 630-942-2378  
Fax:

Deliver To: Joe Hopper MAC201

PO Created By: Towne, Jordan

**Purchase Order Comments:**

Requisition Number(s): 668087

Requisitioner Name(s): Ellen McGowan

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Hospitality for Summer Shows 7/20/18 to 8/10/18	\$882.05	\$882.05

Deliver To: Joe Hopper MAC201

Sub Total: \$ 882.05

Total: \$ 882.05

**Account Code Summary**

Account Code	Account Description	Amount
01-30-12211-5401006		\$44.20
05-60-11601-5501001		\$837.85

**Terms and Conditions:**

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to [invoicing@cod.edu](mailto:invoicing@cod.edu). Questions about payment status or other inquiries, please email [acctpay@cod.edu](mailto:acctpay@cod.edu) or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to [invoicing@cod.edu](mailto:invoicing@cod.edu). Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for

**Bill To:****College of DuPage**

College of DuPage Accounts Payable  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Accounts Payable, SRC2049  
Phone: 630-942-2228  
Fax: 630-858-9078

payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.

**PURCHASE ORDER**

359278

**Page:** 2**Release Method:** Hard Copy**Release Date:** 07/23/2018**Created Date:** 07/23/2018

07/24/2018

0237680

1555144

B0359278  
B0359278

V0521585  
V0521585

HOSPITALITY  
HOSPITALITY

0130122115401006  
0560116015501001

44.20  
837.85

882.05

0237680

\$\*\*\*\*\*882.05

PAY ONLY EIGHT HUNDRED EIGHTY TWO AND 05/100 DOLLARS

07/24/2018

Potbelly Sandwich Works, LLC  
111 N. Canal St  
Ste 850  
Chicago IL 60606

*Ellen M. Moran*  
*7/25/18*

**Bill To:**

**College of DuPage**  
College of DuPage Accounts Payable  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Accounts Payable, SRC2049  
Phone: 630-942-2228  
Fax: 630-858-9078

**Vendor:**

1555144  
Potbelly Sandwich Works, LLC  
111 N. Canal St  
Ste 850  
Chicago, IL 60606  
Attn: Mark Buczkiewicz  
  
Phone: 630-469-5820  
Fax:



**Check  
Enclosed**

**PURCHASE ORDER**  
359278

**Page:** 1  
**Release Method:** Hard Copy  
**Release Date:** 07/23/2018  
**Created Date:** 07/23/2018

**Ship To:**

BLANKET PO  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
  
Purchasing, Manager

Phone: 630-942-2378  
Fax:

**Deliver To:** Joe Hopper MAC201

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11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for

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

**Need by:**

ASAP

**Thank you!**

Potbelly Order

7/20/2018

Sandwiches	\$ 5.90 x	10	\$ 59.00
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	12	\$ 15.00
Cookie	\$ 1.40 x	12	\$ 16.80
Delivery			\$ 9.80
			<u>\$ 115.60</u>

NP19 - SUMMER

7/26/2018

Sandwiches	\$ 5.90 x	10	\$ 59.00
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	12	\$ 15.00
Cookie	\$ 1.40 x	12	\$ 16.80
Delivery			\$ 10.00
			<u>\$ 115.80</u>

WD19 - CJO

7/27/2018

Sandwiches	\$ 5.90 x	14	\$ 82.60
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	16	\$ 20.00
Cookie	\$ 1.40 x	16	\$ 22.40
Delivery			\$ 20.00
			<u>\$ 160.00</u>

TR19 - WILBUR 115.80  
CD19 - CHOREOGR 44.20

8/2/2018

Sandwiches	\$ 5.90 x	10	\$ 59.00
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	12	\$ 15.00
Cookie	\$ 1.40 x	12	\$ 16.80
Delivery			\$ 10.00
			<u>\$ 115.80</u>

WD19 - FRANK

8/3/2018

Sandwiches	\$ 5.90 x	10	\$ 59.00
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	12	\$ 15.00
Cookie	\$ 1.40 x	12	\$ 16.80
Delivery			\$ 10.00
			<u>\$ 115.80</u>

TR19 - PIANO

8/9/2018

Sandwiches	\$ 5.90 x	11	\$ 64.90
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Sandwiches (Special)	\$ 6.80 x	2	\$ 13.60
Chips	\$ 1.25 x	15	\$ 18.75
Cookie	\$ 1.40 x	15	\$ 21.00
Delivery			\$ 10.00
			<u>\$ 143.25</u>

WD19 - JLWB

8/10/2018

Sandwiches	\$ 5.90 x	10	\$ 59.00
Sandwiches (Veg)	\$ 7.50 x	2	\$ 15.00
Chips	\$ 1.25 x	12	\$ 15.00
Cookie	\$ 1.40 x	12	\$ 16.80
Delivery			\$ 10.00
			<u>\$ 115.80</u>

TR19 - SINATRA

\$ 882.05



**College of DuPage**  
**FOOD SERVICE WAIVER REQUEST FORM**

Today's Date: 7/11/18

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

Date of Event: 7/20, 7/26, 7/27, 8/2, 8/3, 8/4, 8/9, & 8/10

Time of Event: Touring Performance

Name of Group: Potbelly Glen Ellyn

Name of Contact Person: Mark Buczkiewicz

Phone Number: 630-469-5820

Address: 552 Roosevelt Rd. Glen Ellyn, IL 60137

Name & Description of Event: Hospitality for performers for New Phil (7/20), Chicago Jazz Orchestra (7/26),  
Unraveling Wilbury's (7/27), Mark Russell (8/2), Piano Men (8/3), Joe Louis Walker (8/9), & Sinatra Forever (8/10).

Description of Food/Beverage Needs: The performers need Lunch

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

None

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

The time the meals are being served are outside of the normal operation hours of Sodexo.

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

***1) county health department foodservice establishment permit, 2) state or federal sanitation certification, permit or license, 3) certificate of insurance maintained by the caterer, 4) business license for the caterer, and 5) menu, portion, and pricing quotation for the event. Events exceeding \$2,000 shall require a minimum of three (3) quotations.***


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. A copy of the approved waiver form must be submitted with all payment requests. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$100 per event are exempt from food waivers.

\*\*\*\*\*

Approved: ☒ (For Dining Services Use Only)

Denied: ☐

Comments:

  
Signature of Catering Manager

  
Signature of Director Business Affairs

8/03





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2018

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

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

PRODUCER Hylant - Toledo 811 Madison Ave. Toledo OH 43604	CONTACT NAME: PHONE (A/C, No, Ext): 419-255-1020 E-MAIL: toledo hmi@hylant.com ADDRESS: toledo hmi@hylant.com	FAX (A/C, No): 419-255-7557
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Charter Oak Fire Insurance Co		25615
INSURER B: Great American Insurance Co		16691
INSURER C: Phoenix Insurance Company		25623
INSURER D: Travelers Casualty Ins Co Amer		19046
INSURER E:		
INSURER F:		

INSURED  
Potbelly Sandwich Works, LLC  
Potbelly Corporation  
111 N Canal Street, Suite 850  
Chicago IL 60606

POTBSAN-01

## COVERAGES

CERTIFICATE NUMBER: 2108218114

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	P-830-8G384537-COF-18	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Policy Aggregate \$ 25,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		P-BA-8G384537-PHX-18	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UMB9999710	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
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	PS-UB-8G384537-18	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Shop #167 - Glen Ellyn Catering Orders 7/20/2018, 7/26/2018, 7/27/2018, 8/2/2018, 8/3/2018, 8/9/2018, 8/10/2018

Certificate Holder is included as an Additional Insured regarding the General Liability Policy as required by a written contract, agreement, or permit with the Named Insured.

## 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

© 1988-2014 ACORD CORPORATION. All rights reserved.

# DuPage County Health Department

Environmental Health Services

## LICENSE/PERMIT

to operate an Annual Category II Food Establishment issued to:

**POTBELLY SANDWICH WORKS**

**552 ROOSEVELT RD**

**GLEN ELLYN, IL 60137**

**PERMIT NUMBER: PT0001163**

**EXPIRATION DATE: 04/30/2019**

*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.*

  
Karen J. Ayala  
Executive Director



**DUPAGE COUNTY  
HEALTH DEPARTMENT**

*Everyone. Everywhere. Everyday*

## Illinois Business Authorization

POTBELLY SANDWICH WORKS LLC

DBA: POTBELLY #167

552 ROOSEVELT RD

GLEN ELLYN IL 60137-5735

Loc. Code: 022-0011-2-001

Glen Ellyn

DuPage County

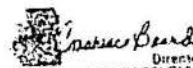
### Certificate of Registration

Expiration Date:

2/28/2021

Sales and use taxes and fees

(2678-3320)



Issued Date: 02/28/2016



#0659

SAFETY

requirements for  
white safety and san

By Conference For Food Protection

Certificate No: 1982443  
Exam Date: 12/05/17

Test Code: 6221063013  
Expires on: 12/05/22

**ServSafe**  
National Restaurant Association

**ServSafe**  
CERTIFICATION

Exam Form No. 4887

Cert. No. 10453297

TO **MARK R BUCZKIEWICZ**

for successfully completing the exam set forth by the National Restaurant Association Educational Foundation for the ServSafe® Food Protection Manager Certification Examination.

Date of Examination: 10/17/2013

Date of Expiration: 10/17/2018

Local laws apply. Check with your local regulatory agency for certification requirements.

©2012 National Restaurant Association Educational Foundation (NRAEF). All rights reserved.

ServSafe is a registered trademark of the NRAEF and is used under license by National Restaurant Association Solutions, LLC. The logo appearing on this ServSafe is a trademark of the National Restaurant Association.



MEMO TO: Brian W. Caputo  
FROM: Ellen McGowan  
Business Manager, Arts Center  
DATE: July 23, 2018  
SUBJECT: Request for Manual Checks 4

Brian,

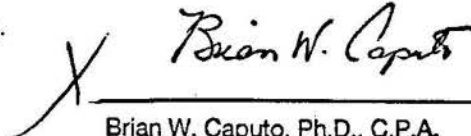
Please approve these manual check requests for payment to:

Breakthru Beverage (Alcohol Payment due within 30 days)	1,438.50
Louis Glunz Wines, Inc. (Alcohol Payment due within 30 days)	2,468.75
Potbelly Sandwich Works, LLC (Hospitality Summer Shows 2018)	882.05
Sonnenzimmer LLC (Portfolio Project Printing)	1,487.42

These vendors need payment asap. We cannot wait until the next check run in mid-August.

Thank you for your help and understanding.

Ellen McGowan

  
\_\_\_\_\_  
Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs

Attachments

