

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1293252  
Vendor Name: Commercial Alarm Systems  
Invoice Number: 7990  
Invoice Date: 03/15/18  
PO Number: P0356483  
Check Number: E0068080  
Check Amount: \$ 5,664.84  
Check Date: 07/11/2018  
Department ID: 00705  
Reviewer Name: Kathy Striplin  
Voucher Number: V0500895  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: casaccounting@casystemslc.com  
Sent: Thu Mar 15 11:14:54 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Invoice from Commercial Alarm Systems  
-----

CAS SECURITY HOLDINGS LLC

**Invoice** Due: 04/14/2018  
7990

Amount Due: **\$2,110.00**

Dear Customer :

Please find attached the invoice for recent services.

Thank you for the opportunity to be of service. We appreciate your business.

COMMERCIAL ALARM SYSTEMS LLC

485 W. Fullerton Avenue

Elmhurst, IL 60126

630-832-2844

fax 630-832-2845

casystemslc.com

**CAS SECURITY HOLDINGS LLC**  
120 KING STREET  
ELK GROVE VILLAGE, IL 60007

**Commercial Alarm  
Systems LLC**

## INVOICE

| Bill To  |
|--|
| Dave Ditchfield<br>Facilities<br>425 Fawell Blvd<br>Glen Ellyn, IL 60137 |

| Date      | Invoice # |
|-----------|-----------|
| 3/15/2018 | 7990      |

| Terms   | Due Date  | Project   | Job Number | Purchase Order #         | Booking Amount |
|---|-----------|---|------------|--------------------------|----------------|
| Net 30  | 4/14/2018 | Workstation Repair  | Service    | 356483                   | \$2,110.00     |
|   |           | Description   | Quantity   | Amount                   |                |
|   |           | Completion of Service for replacement of hard drive in HEC fire alarm workstation | 1          | 2,110.00                 |                |
| <div>APPROVED<br/>07/09/18 - BRUCE SCHMIEDL</div>   |           |   |            |                          |                |
| <div>INVOICE REVIEWED<br/>OKAY TO PAY<br/>KATHY STRIPLIN 07/09/18</div>   |           |   |            |                          |                |
| PLEASE NOTE OUR NEW PAYMENT ADDRESS   |           |   |            |                          |                |
| MAIL PAYMENT TO:<br>CAS Security Holdings LLC<br>PO Box 775511<br>Chicago, IL 60677-5511<br>Overdue balances are subject to 1.5% interest charge per month<br>TAX ID#82-1919346 IL Retailer #4256-8943<br>VISA and Mastercard accepted with an additional 2.5% service charge |           |   |            | TOTAL<br><br>\$2,110.00  |                |
| Phone #   |           | Fax #   |            | E-mail                   |                |
| 630/832-2844  |           | 630/832-2845  |            | team-cas@vertaccount.com |                |
|   |           |   |            | Web Site                 |                |
|   |           |   |            | casystemsllc.com         |                |

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

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

**CAS SECURITY HOLDINGS LLC**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ► **P**  
**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.

**120 KING STREET**

6 City, state, and ZIP code

**ELK GROVE VILLAGE, IL 60007**

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

8 2 - 1 9 1 9 3 4 6

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

12/18/17

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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*, later.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1293252  
Vendor Name: Commercial Alarm Systems  
Invoice Number: 10195  
Invoice Date: 06/20/18  
PO Number: P0357601  
Check Number: E0068080  
Check Amount: \$ 5,664.84  
Check Date: 07/11/2018  
Department ID: 20020  
Reviewer Name: Kathy Striplin  
Voucher Number: V0517231  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: tjager@casystemslc.com  
Sent: Wed Jun 20 15:44:46 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Invoice from CAS Security Holdings, LLC  
-----

CAS SECURITY HOLDINGS LLC

**Invoice** Due: 07/20/2018  
10195

Amount Due: **\$1,200.00**

Dear Customer :

Please find attached the invoice for recent services.

Thank you for the opportunity to be of service. We appreciate your business.

CAS Security Holdings, LLC  
120 King Street  
Elk Grove Village, IL 60007  
630-832-2844

casystemslc.com



# CAS Security Holdings, LLC

120 King Street  
Elk Grove Village, IL 60007  
(630) 832-2844

## Invoice

|                        |                   |
|------------------------|-------------------|
| Customer               | College of Dupage |
| Customer Number        | 25067             |
| Invoice Number         | 10195             |
| Invoice Date           | 6/20/2018         |
| PO Number              | 357601            |
| PAYMENTS APPLIED THRU  | 6/20/2018         |
| Job / Service Ticket # |                   |

## CURRENT CHARGES

| Quantity   | Description   | Rate  | Amount     |
|--|---|-------|------------|
| Naperville Center, 1223 Rickert Dr, Naperville, IL |   |       |            |
| 12.00  | Annual FA Inspection<br>5/1/2018 - 4/30/2019<br>PO# 357601<br>Naperville Center: 1223 Rickert Drive, Naperville, IL 60540 | 50.00 | 600.00     |
| 12.00  | Annual FA Inspection<br>5/1/2018 - 4/30/2019<br>PO# 357601<br>Westmont Center: 650 Pasquinellie Drive, Westmont, IL 60559 | 50.00 | 600.00     |
| <b>Sub Total:</b>                                  |   |       | \$1,200.00 |
| <b>Tax</b>   |   |       | 0.00       |
| Payments/Credits Applied                           |   |       | 0.00       |
| <b>Invoice Balance Due:</b>                        |   |       | \$1,200.00 |

## IMPORTANT MESSAGES

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**KATHY STRIPLIN 06/25/18**

Page 1

Please detach and return this portion with your payment to ensure proper credit.



## CAS Security Holdings, LLC

120 King Street  
Elk Grove Village, IL 60007  
(630) 832-2844

## REMITTANCE INFORMATION

|                     |            |
|---------------------|------------|
| Customer Number     | 25067      |
| Invoice Number      | 10195      |
| Invoice Date        | 6/20/2018  |
| Due Date            | 7/20/2018  |
| Invoice Balance Due | \$1,200.00 |

**TOTAL DUE** \$1,200.00

Amount Enclosed:

College of Dupage  
Attn: Facilities  
425 Fawell Blvd  
Glen Ellyn, IL 60137

REMIT TO:

CAS Security Holdings, LLC  
PO Box 775511  
Chicago, IL 60677-5511

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1293252  
Vendor Name: Commercial Alarm Systems  
Invoice Number: 10191  
Invoice Date: 06/19/18  
PO Number: P0358745  
Check Number: E0068080  
Check Amount: \$ 5,664.84  
Check Date: 07/11/2018  
Department ID: 00717  
Reviewer Name: Kathy Striplin  
Voucher Number: V0517237  
Redaction Type: None  
Document Type: AP Invoice

Document Below



-----  
From: tjager@casystemslc.com  
Sent: Wed Jun 20 11:30:50 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Invoice from CAS Security Holdings LLC  
-----

CAS SECURITY HOLDINGS LLC

**Invoice** Due: 07/19/2018  
10191

Amount Due: **\$2,354.84**

Dear Customer :

Please find attached the invoice for recent services.

Thank you for the opportunity to be of service. We appreciate your business.

CAS Security Holdings, LLC  
120 King Street  
Elk Grove Village, IL 60007  
630-832-2844

casystemslc.com

# CAS Security Holdings, LLC

120 King Street  
Elk Grove Village, IL 60007  
(630) 832-2844

## Invoice

|                        |                   |
|------------------------|-------------------|
| Customer               | College of Dupage |
| Customer Number        | 25067             |
| Invoice Number         | 10191             |
| Invoice Date           | 6/19/2018         |
| PO Number              |                   |
| PAYMENTS APPLIED THRU  | 6/19/2018         |
| Job / Service Ticket # | 200029            |

## CURRENT CHARGES

| Quantity   | Description   | Rate   | Amount            |
|--|---|--------|-------------------|
| Naperville Campus, 1223 Rickert Dr, Naperville, IL |   |        |                   |
| 1.00   | AMPS-24: Addressable Power Supply   | 819.15 | 819.15            |
| 1.00   | DVC-EM: Digital Voice Center  | 964.44 | 964.44            |
| 3.75   | Service Call on 06.11.18<br>Upon arrival the fire panel was powered down from recent water damage. Found the main power supply and the DVC to have water damage. Replaced both the main power supply and the DVC. | 135.00 | 506.25            |
| 1.00   | Truck Charge for Service Call   | 65.00  | 65.00             |
| <b>Subtotal:</b>                                   |   |        | <b>\$2,354.84</b> |
| Tax  |   |        | 0.00              |
| Payments/Credits Applied                           |   |        | 0.00              |
| <b>Invoice Balance Due:</b>                        |   |        | <b>\$2,354.84</b> |

## IMPORTANT MESSAGES

# INVOICE REVIEWED

Page 1

Please detach and return this portion with your payment to ensure proper credit.

CAS Security Holdings, LLC

## REMITTANCE INFORMATION

120 King Street  
Elk Grove Village, IL 60007  
(630) 832-2844

|                     |            |
|---------------------|------------|
| Customer Number     | 25067      |
| Invoice Number      | 10191      |
| Invoice Date        | 6/19/2018  |
| Due Date            | 7/19/2018  |
| Invoice Balance Due | \$2,354.84 |

**TOTAL DUE** **\$2,354.84**

Amount Enclosed: \_\_\_\_\_

College of Dupage  
Attn: Facilities  
425 Fawell Blvd  
Glen Ellyn, IL 60137

REMIT TO:

CAS Security Holdings, LLC  
PO Box 775511  
Chicago, IL 60677-5511

# OKAY TO PAY

# KATHY STRIPLIN 07/05/18

# COMMERCIAL ALARM SYSTEMS, LLC

485 W. FULLERTON AVE  
ELMHURST, IL 60126  
PH: 630/832-2844  
FAX: 630/832-2845

|   |         |                |  |
|---|---------|----------------|--|
| Service Order Number  |         | Dist PO Number |  |
| ARRIVAL DATE  | 6/11/18 |                |  |
| SERVICE LOCATION  |         |                |  |
| NAME  |         |                |  |
| College Of Dupage   |         |                |  |
| ADDRESS   |         |                |  |
| 1223 Rickett Dr.  |         |                |  |
| CITY  | STATE   | ZIP            |  |
| Naperville  | IL      |                |  |
| CONTACT   |         |                |  |
| Dave D. Engineering   |         |                |  |
| FIRE DEPT NUMBER  |         | POSTION NUMBER |  |
|   |         |                |  |
| MANUFACTURER  |         | MODEL NO       |  |
| MANUFACTURER  |         | MODEL NO       |  |
| SYSTEM STATUS UPON ARRIVAL  |         |                |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Alarm <input type="checkbox"/> Trouble <input type="checkbox"/> Powered Down <input type="checkbox"/> Disabled |         |                |  |

## CUSTOMER

|                  |       |                |
|------------------|-------|----------------|
| NAME             |       |                |
| ADDRESS          |       |                |
| CITY             | STATE | ZIP            |
|                  |       |                |
| CONTACT          |       |                |
|                  |       |                |
| FIRE DEPT NUMBER |       | POSTION NUMBER |
|                  |       |                |

## MANUFACTURER

|              |          |
|--------------|----------|
| MANUFACTURER | MODEL NO |
| MANUFACTURER | MODEL NO |

## WORK SUMMARY

- Found panel powered down from recent water damage
- Found the main power supply to have severe water damage on it
- Found the DVC to also have water damage on it.
- Replaced both the power supply & the DVC.

## MATERIAL

| Qty | Part No. | Description                       |
|-----|----------|-----------------------------------|
| 2   | AMPS-24  | Notifier addressable power supply |
| 1   | DVC-EM   | Notifier Digital Voice Center     |
|     |          |                                   |
|     |          |                                   |

## LABOR

| Name         | Hours |      | Total Hours | Overtime |  | Total |
|--------------|-------|------|-------------|----------|--|-------|
|              | IN    | OUT  |             | Hours    |  |       |
| Todd STEFFAN | 12:00 | 3:45 |             |          |  |       |
|              |       |      |             |          |  |       |
|              |       |      |             |          |  |       |

## CUSTOMER SIGNATURE

PRINT NAME: *Shawn March*

## TECHNICIAN SIGNATURE

PRINT NAME: *[Signature]*

SIGNALS WERE NOT SOUNDED PER CUSTOMER REQUEST

☒ Y ☐ N

SYSTEM RETURNED TO NORMAL STATUS?

☒ Y ☐ N