

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1554841

Vendor Name: CLEC Enterprise Inc.

Invoice Number: 000015

Invoice Date: 06/20/18

PO Number:

Check Number: E0068232

Check Amount: \$ 600.00

Check Date: 07/19/2018

Department ID: 63001

Reviewer Name:

Voucher Number: V0519035

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable

Check Request Form

revised 3/27/17

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 Vendor Payment - Check Request Procedure No. 10-65

Date: 7/9/2018

Vendor ID: 1554841

FY18

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
15		05	63	63001	5308001	Instructional Service Contr	\$ 600.00
Grand Total							\$ 600.00

AP VERIFIED
07/11/18 - MARIA ZERRUDO

Check the appropriate box below and sign

☒ 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.

Payee Name: CLEC Enterprises Inc

Other Instructions:

Payee Address: 5105 Tollview Dr, Ste 270, Rolling Meadows, IL 60008

Description on Check:

Residential Building Inspector Training Spring 2018

Approvals:

Prepared By:

Yvonne Bedford

Approved By:

Daniel Deasy

Date:

Signature:

Yvonne Bedford

Signature:

JUL 10 2018

Payment Due:

ASAP

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

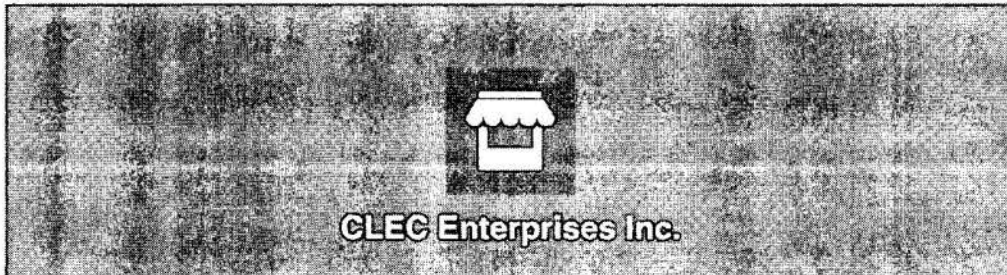
Return Approved Request and All Supporting Documents to: Accounts Payable (SPC 2132 A), acctpay@cod.edu

07.11.18

0.034

Hasse, Debra

From: CLEC Enterprises Inc. <invoicing@messaging.squareup.com>
Sent: Wednesday, June 20, 2018 1:40 PM
To: Hasse, Debra
Subject: New Invoice: #000015 from CLEC Enterprises Inc.



New Invoice

\$600.00 due on June 27, 2018

Pay Invoice

FYE18

Residential Building Inspector Training Spring 2018

Invoice #000015

June 20, 2018

Customer

Debra Hasse
hassed@cod.edu

APPROVED

A handwritten signature, possibly "JD", is written over a date stamp that reads "JUL 10 2018".

JUL 10 2018

Residential Building Inspector Training
Spring 2018

We appreciate your business.

Residential Building Class through CLEC	\$600.00
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Subtotal	\$600.00
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#05-63-63001-5308001

CONTRACT APPROVAL COVER SHEET

Contract Name: CLEC Enterprises

Requesting Department: CE-Business Solutions

Date Initiated: 7.26.17

Contact Name: Debbie Hasse

Phone: 2679

Email Address: hassed@cod.edu

Vendor Name: CLEC Enterprises, Inc.

Phone: 779.220.1343

Vendor Contact: Bill Dettner

Email: bill@clecenterprises.com

Total Contract: \$ \$4,900

Contract Dates: Start: 8.15.17

FY Budget \$ \$4,900

End: 6.30.18

Contract Purpose: Provide open classes in property maintenance/housing inspector and plumbing inspector. COD will advertise in continuing education catalog and to local municipalities.

*Remove Fee from \$250 / \$50 Registration
we take Registrations -*

*Based on
19 Students*

Contract Type: ☒ Independent Contractor ☐ Service Agreement ☐ Lease *4-6 Classes Per FY*
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☐ Yes ☒ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☐ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Debbie Hasse

Budget Mgr.: Dan Deasy

Dept. Adm.: Joe Cassidy

[Handwritten signatures: Debbie Hasse, Dan Deasy, Joe Cassidy]

Purchasing Dept. Use Only	
Comments:	REVIEWED
Approval/Initials:	By E. Roberts at 2:39 pm, Sep 27, 2017

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Senior Vice President, Administration. This form must be completed in full and submitted with all contracts that require signature.

Submit the contract, along with this form and all required support documents as outlined below, to the Purchasing Manager in BIC 1540. The Purchasing Manager will review all documents, and, if appropriate, will forward to the Senior Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by SVP, it is the responsibility of the requester to obtain remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

VENDOR AGREEMENT
Between
COLLEGE OF DuPAGE
And
CLEC Enterprises

This Agreement is entered into this 20th day of July 2017, between College of DuPage and CLEC Enterprises (Vendor).

SERVICES: CLEC Enterprises shall perform the following services for the College of DuPage:

Training and education for certification in areas such as: property maintenance, housing inspector, electrical, basic code enforcement, residential plumbing, and plumbing inspector.

Vendor will perform duties at the College using College facilities as appropriate. Due to the nature of the training with lab and equipment needed, training will take place at CLEC Enterprises, 5105 Tollview Drive Suite 270 in Rolling Meadows. This also allows for a class to not be cancelled as the larger Chicagoland area attends training.

WORK PRODUCT: All documents, including reports and all other work products produced by Vendor under this Agreement shall become and remain the property of College of DuPage. The Vendor 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 August 15, 2017 to June 30, 2018.

REMUNERATION: The total amount for FY17 shall not exceed \$ 4,900. Invoices for services are to be submitted to College of DuPage prior to any payment to CLEC Enterprises.

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

PAYMENT: Vendor 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: CLEC Enterprises shall be responsible for any and all state, local and federal taxes due related to income from the above services. Vendor shall comply with all applicable Federal, State and local laws and regulations pertaining to wages and hours of employment. CLEC Enterprises 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 CLEC Enterprises will coordinate with Debbie Hasse, Program Manager (name and title).

LIABILITY: CLEC Enterprises 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.

CLEC Enterprises also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. CLEC Enterprises 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 CLEC Enterprises' warranty.

RESTRICTIVE COVENANTS: The Vendor 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 Vendor's duties during the term of this Agreement.

Vendor 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 Vendor 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 Vendor's services, or denied employment opportunities by Vendor 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 Vendor will deliver to College of DuPage all copies in possession of any Information, in any form. Except on behalf of College of DuPage, the Vendor 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 Vendor 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 Vendors 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.

 X I certify that I am not employed elsewhere in the College as a regular or temporary employee.

TERMINATION: The College may terminate this Agreement and the services at any time upon five (5) days written notice to Vendor. 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.

Vendor

CLEC Enterprises Inc

Name

Vendor

473805120

SS# OR FEIN

July 26, 2017

Date

Brian W. Caputo

Chief Financial Officer

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

9/29/17

Date

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

William A. Hoffman

Vendor

CLEC owner

July 26, 2017

Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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.

CLEC Enterprises Inc.

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) ►

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.

5105 Tollview Dr Suite 270

Requester's name and address (optional)

College of Dupage

6 City, state, and ZIP code

Rolling Meadows, IL 60008

7 List account number(s) here (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

4 7 - 3 8 0 5 1 2 0

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Walter Deth

Date ► 6/26/18

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.

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.