

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089146
Vendor Name: Rave Wireless, Inc.
Invoice Number: INV-05908
Invoice Date: 06/07/18
PO Number: P0359047
Check Number: E0068377
Check Amount: \$ 47,670.80
Check Date: 07/24/2018
Department ID: 16765
Reviewer Name: None
Voucher Number: V0521340
Redaction Type: None
Document Type: AP Invoice

Document Below

Rave Mobile Safety

492 Old Connecticut Path, 2nd Floor
Framingham, MA 01701
Ph: 508-848-2484
Fax: 508-342-7077

Invoice #: INV-05908
Invoice Date: 06/07/2018
Due Date: 08/06/2018
Terms: Net 60
PO #:

APPROVED
07/23/18 - KEITH ZEITZ

Bill To:

College of DuPage
Accounts Payable
425 Fawell Boulevard
Glen Ellyn, IL 60137
United States

End User:

College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL
60137
United States

Description	Amount
2nd Yr of 3 Yr Renewal - July 1, 2018 through June 30, 2019	
Rave Alert Basic Annual License Fee	\$18,298.34
Premium SMS Messaging for Rave Alert Annual License Fee	\$869.75
CAP inbound/outbound API for Rave Alert Annual Service Fee	\$0.00
Rave Alert Social Media Integration Annual Service Fee	\$0.00
Rave Voice Add-on Annual License Fee	\$16,002.71
Rave Guardian Annual License Fee	\$12,500.00
Rave EyeWitness Annual License Fee	\$0.00
SUBTOTAL	\$47,670.80
Sales Tax	\$0.00
TOTAL	\$47,670.80

****PLEASE NOTE UPDATED REMIT TO ADDRESS****

If paying by check, please remit payment to:

Rave Wireless, Inc.
DEPT CH 16373
PALATINE IL 60055-6373

From: knardini@ravemobilesafety.com
Sent: Thu Jul 12 10:34:34 CDT 2018
To: invoicing@cod.edu
CC: zeitzk@cod.edu
Subject: Rave Mobile Safety- Upcoming Invoice

Hello,

I wanted reach out and make sure you received a copy of your upcoming invoice as well as make sure you are the best point of contact going forward. Please let me know if there is anything you need from Rave.

Please note we also accept credit card payment for invoices under \$20,000. If this is a preferred method of payment, please feel free to reach out to me and I can certainly provide a credit card authorization form.

Best,
Kara

Kara Nardini
Collections Specialist
Direct: (508) 532-8969



Request for Taxpayer Identification Number and Certification

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

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

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.

Rave Wireless, Inc.

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

Rave Mobile Safety

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.

492 Old Connecticut Path, 2nd Floor

6 City, state, and ZIP code

Framingham, Ma. 01701

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

2 0 - 1 9 3 1 6 0 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 ►

Anna P. Nardis

Date ►

1/31/18

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.



► Credit Card Authorization Form

Rave Wireless, Inc.
492 Old Connecticut Path, 2nd Floor
Framingham, MA 01701

P 508 848 2484
F 508 342 7077

Instructions

1. Complete form with credit card billing information	SUBMIT TO: 1-508-342-7077 Rave Wireless, Inc. ATTN: Credit Card Billing
2. Sign where indicated	
3. Submit this form back to Rave Wireless, Inc by fax	

Date: _____ Invoice Ref. # _____
(Optional)

* Cardholder Name: _____

* Credit Card ☐ Visa
☐ Mastercard
☐ American Express
☐ Discover

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____
(3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

* Email Address: _____

I Authorize Rave Wireless, Inc. to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

* Printed Name: _____

* Signature: _____

* Date: _____ * Required Fields