

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1527527

Vendor Name: GetGo INC

Invoice Number: 1207264249

Invoice Date: 07/05/18

PO Number: P0359292

Check Number: 0237956

Check Amount: \$ 1,966.80

Check Date: 08/15/2018

Department ID: 01230

Reviewer Name:

Voucher Number: V0521657

Redaction Type: None

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

Document Below

-----  
From: schlosserm473@cod.edu  
Sent: Tue Jul 24 11:39:38 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Request for Payment for Go To Training Invoice # 1207264249  
-----

Hi,

Attached please find request for payment for GoTo Training Invoice# 1207264249 PO# 359292

If you have any questions, please feel free to contact.

Best regards,

***THE COLLEGE OF DUPAGE WILL BE CLOSED EVERY FRIDAY BEGINNING THE WEEK OF JUNE 4, 2018 AND ENDING AUGUST 10, 2018***



Maryellen Schlosser, Client Liaison  
Center for Entrepreneurship at College of DuPage  
Illinois Small Business Development Center  
2525 Cabot Drive, Suite 201, Lisle, IL 60532  
T: 630-942-2600 | F: 630-942-2606 fax  
E: entrepreneur@cod.edu  
Connect with us:



# AP VERIFIED

## 07/26/18 - BETHANY CRUSE

INVOICE

LogMeIn USA, Inc.  
Fed ID# 81-2216538

Invoice Number 1207264249  
Customer # 6004951632  
Invoice Date 05-Jul-18  
Payment Terms Net 30  
Due Date 04-Aug-18

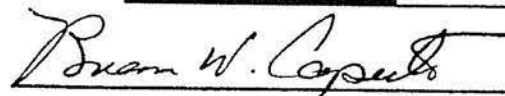
College of Dupage, Center For Entrepreneurship, Center Manager  
Rita Haake  
2525 Cabot Dr Ste 201  
Suite 201  
Lisle, IL 60532-3628  
USA

Invoice total : USD 1,966.80

Page 1 of 1

#	Service Description	Service Period	Qty	Monthly Unit Price	Annual Unit Price	Total
1	GoToTraining Starter Service Billing Frequency : Annual	05-Jul-18 to 25-Jul-18	1	(USD 104.00)	(USD 1,248.00)	(USD 72.80)
2	GoToWebinar Service - Pro Billing Frequency : Annual	06-Jul-18 to 05-Jul-19	1	USD 165.00	USD 1,980.00	USD 1,980.00
SUBTOTAL Excl Tax & Fee						USD 1,907.20
TAX						USD 59.60
<b>TOTAL Including Tax &amp; Fee</b>						<b>USD 1,966.80</b>

PO# 339292



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

Rita Haake  
7-24-18

Please cut here and send with Payment

LogMeIn USA, Inc.  
Fed ID# 81-2216538

Your preferred payment method is: Check/Cheque  
Please send this payment slip with your check/cheque made payable to:

LogMeIn USA, Inc.  
PO Box 50264  
Los Angeles, CA 90074-0264

### PAYMENT INFORMATION

Company Name :  
College of Dupage, Center For  
Entrepreneurship, Center Manager  
Customer # : 6004951632  
Invoice Number : 1207264249  
Due Date : 04-Aug-18  
Balance Due : USD 1,966.80

Please do not send cash or include correspondence.

**Cart/Requisition View**

Cart/Requisition Number: 668135 Vendor Name: [GetGo INC](#)  
Cart/Requisition Name: Renewal for GoTo Training Webinar Subscription Created: 7/23/2018 10:19:15 AM  
Cart/Requisition Justification: Contract/Invoice Submitted: 7/23/2018 10:25:35 AM  
Ship To Location: College of DuPage Center/Entrepreneurship-Lisle Credit Card: N/A  
Needed By (mm/dd/yyyy): Confirming Request: Yes  
Notes & Attachments:  

[Recreate Cart/Requisition](#)[Return](#)

Line Number	Product Number	Product Description	Qty	Total (\$)	Account #	% Split	\$ Split	Fiscal Date	Notes & Atts	Next Approver / Status	PO #	PO Rel Date	Deliver To
1		Renewal for GoTo Training Webinar Subscription <a href="#">(more info)</a>	1	1,966.80	06-40-01230-5401002	100	1,966.80	7/23/2018		<a href="#">PO Released - 7/23/2018</a>	359292	7/23/2018	Schlosser, Maryellen

**Total: 1,966.80**[Recreate Cart/Requisition](#)[Return](#)

All times displayed in [Central Time](#) (click to change).  
easyTouch Navigation™ - For assistance, please call Jordan Towne at 630-942-2576 or e-mail to [townej@cod.edu](mailto:townej@cod.edu)

© 2000 - 2018 ESM Solutions Corporation, All Rights Reserved.

*Rita Anske*  
7-24-18

## Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://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. <b>LogMeIn USA, Inc.</b>	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) <b>E</b> (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. <b>320 Summer Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Boston, MA 02210</b>	
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.

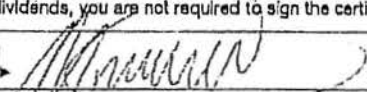
Social security number								
			-					
or								
Employer identification number								
8	1	-	2	2	1	6	5	3 8

### 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 ▶ 

Date ▶ **January 1, 2018**

### 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.

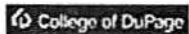
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.

## Greenbusch, Heather

---

**From:** Humphrey, Vera  
**Sent:** Wednesday, July 18, 2018 10:52 AM  
**To:** Greenbusch, Heather  
**Subject:** FW: Contract  
**Attachments:** FW: Contract Approval Cover Sheet & Supporting Docs: LogMein USA; LogMein USA Inc Ctr for Entre RH 7.18.18.pdf

Vera Humphrey  
Administrative Assistant to the  
Vice President, Administration  
& Treasurer  
Administrative Affairs  
College of DuPage  
425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599  
Phone: 630-942-4285  
Fax: 630-942-2297  
Email: [humphreyv@cod.edu](mailto:humphreyv@cod.edu)



**From:** Roberts, Ellen  
**Sent:** Wednesday, July 18, 2018 10:38 AM  
**To:** Humphrey, Vera <[humphreyv@cod.edu](mailto:humphreyv@cod.edu)>  
**Cc:** Haake, Rita <[haaker@cod.edu](mailto:haaker@cod.edu)>  
**Subject:** FW: Contract

Vera,

The attached is ready for Brian's review and, if appropriate, signature. Please note that this vendor did not agree to change their payment terms from net 30 to net 60; however, this is a renewal of a contract that was approved last year.

Thank you,

*Ellen*

Ellen M. Roberts  
Director, Business Affairs  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
630-942-2233  
[roberts@cod.edu](mailto:roberts@cod.edu)

**From:** Haake, Rita  
**Sent:** Wednesday, July 18, 2018 8:44 AM  
**To:** Cernick, Elizabeth <[cernicke@cod.edu](mailto:cernicke@cod.edu)>; Roberts, Ellen <[roberts@cod.edu](mailto:roberts@cod.edu)>

Cc: Schlosser, Maryellen <schlossem473@cod.edu>  
Subject: Contract

Ellen –

Just a quick update – Marla Sandy who previously worked for me (she terminated last Thursday) started the process of getting approvals for this subscription. This is the same company that we requested multiple times last year to change their terms and they would not. We are again running into the same problem so I am requesting we move this forward. I will be the point of contact on this one in lieu of Marla being gone. Thanks.

From: "Cernick, Elizabeth" <cernicke@cod.edu>  
Date: July 17, 2018 at 7:16:33 AM CDT  
To: "Roberts, Ellen" <roberts@cod.edu>  
Cc: "Sandy, Marelena" <sandym@cod.edu>  
Subject: Contract

Hello Ellen,

Enclosed contract for your review.

Kindly,  
Beth Cernick  
Purchasing Assistant

*THE COLLEGE OF DUPAGE WILL BE CLOSED EVERY FRIDAY BEGINNING THE WEEK OF JUNE 4, 2018 AND ENDING  
AUGUST 10, 2018*



**Rita Haake, CCAS, CPP**   
**Center Manager**  
College of DuPage Center for Entrepreneurship  
Illinois Procurement Technical Assistance Center (PTAC)  
Illinois Small Business Development Center (SBDC)  
Illinois International Trade Center (ITC)  
[haaker@cod.edu](mailto:haaker@cod.edu)  
630-942-2616  
2525 Cabot Drive, Suite 201  
Lisle, IL 60532

## CONTRACT APPROVAL COVER SHEET

Contract Name: LogMeIn USA, Inc.  
Requesting Department: Center for Entrepreneurship (Illinois SBDC) Date Initiated: 7/5/2018  
Contact Name: Marla Sandy/Rita Haake Phone: 2771/2616  
Email Address: sandym@cod.edu, haaker@cod.edu

Vendor Name: LogMeIn USA, Inc. Phone: (480) 253-5840  
Vendor Contact: James Barton Email: James.Barton@logmein.com  
Total Contract: \$ 1,980.00 Contract Dates: Start: 07/06/2018  
FY Budget \$ 1,980.00 End: 07/05/2019  
Vendor 1: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
Vendor 2: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_  
Vendor 3: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_

Contract Purpose: Switch of subscription platform from GoToTraining to GoToWebinar.

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ 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: Marelena Sandy Marelena Sandy  
Budget Mgr.: Rita Haake Rita Haake  
Dept. Adm.: Joe Cassidy

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to [purchasing@cod.edu](mailto:purchasing@cod.edu).

Purchasing Dept. Use Only

Comments \_\_\_\_\_

Approval Initials \_\_\_\_\_



## 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 Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at [purchasing@cod.edu](mailto:purchasing@cod.edu). Purchasing will review all documents, and, if appropriate, will forward to the 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](mailto:purchasingforms@cod.edu) for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu).

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

**CONTRACT APPROVAL COVER SHEET**

Contract Name: GoToTraining - GetGo, Inc.  
Requesting Department: Small Business Development Center (SBDC) Date Initiated: 8/1/2017  
Contact Name: Marla Sandy Phone: 2771  
Email Address: sandym@cod.edu

Vendor Name: GetGo, Inc. Phone: 877-582-7011  
Vendor Contact: John Yi, Customer Support Email: support@citrixonline.com  
Total Contract: \$ 1,287.00 Contract Dates: Start: 07/26/2017  
FY Budget \$ 1,287.00 End: 07/25/2018  
Contract Purpose: RENEWAL of our GoToTraining Webinar subscription

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ 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: Marelena Sandy Marelena Sandy  
Budget Mgr.: Rita Haake Rita Haake  
Dept. Adm.: James Ivory James Ivory

Comments: **REVIEWED** Vendor didn't respond to request to change net 30 terms  
Approval Initials: By E. Roberts at 12:37 pm, Sep 07, 2017 to net 60.

**Request for Taxpayer  
Identification Number and Certification**

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.  
**GETGO INC**

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

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **P**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) **5**  
Exemption from FATCA reporting code (if any) **E**  
(Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**320 Summer Street**

6 City, state, and ZIP code  
**Boston, MA 02210**

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-					
--	--	--	---	--	--	--	--	--

or

Employer identification number

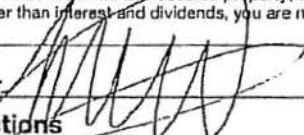
8	1	-	2	2	1	6	5	3	8
---	---	---	---	---	---	---	---	---	---

**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 on page 3.

Sign Here Signature of U.S. person  Date **Feb 1, 2017**

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb9](http://www.irs.gov/irb9).

**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), 1099-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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## INVOICE

GetGo, Inc., a subsidiary of LogMeIn, Inc.  
Fed ID# 81-2216538

College of Dupage, Center For Entrepreneurship, Center Manager  
Rita Haake  
2525 Cabot Dr Ste 201  
Suite 201  
Lisle, IL 60532-3628  
USA

Invoice Number 1206885980  
Customer # 6004951632  
Invoice Date 26-Jul-17  
Billing Frequency Annual  
Payment Terms Net 30  
Due Date 25-Aug-17

Invoice total : USD 1,287.00

Page 1 of 1

#	Service Description	Service Period	Qty	Unit Price (monthly)	Total
1	GoToTraining Starter Service	26-Jul-17 to 25-Jul-18	1	USD 104.00	USD 1,248.00
SUBTOTAL Excl Tax & Fee					USD 1,248.00
TAX					USD 39.00
TOTAL Including Tax & Fee					USD 1,287.00

*Rita Haake*  
9-13-17

Please cut here and send with Payment

GetGo, Inc., a subsidiary of LogMeIn, Inc.  
Fed ID# 81-2216538

Your preferred payment method is: Check/Cheque  
Please send this payment slip with your check/cheque made payable to:

GetGo, Inc.  
PO Box 50264  
Los Angeles, CA 90074-0264

## PAYMENT INFORMATION

Company Name :  
College of Dupage, Center For  
Entrepreneurship, Center Manager  
Customer # : 6004951632  
Invoice Number : 1206885980  
Due Date : 25-Aug-17  
Balance Due : USD 1,287.00

Please do not send cash or include correspondence.

## Greenbusch, Heather

---

**From:** Roberts, Ellen  
**Sent:** Wednesday, July 11, 2018 8:13 AM  
**To:** Sandy, Marelena; Bedford, Yvonne  
**Subject:** FW: Contract Approval Cover Sheet & Supporting Docs: LogMein USA  
**Attachments:** Scanned from a Xerox multifunction device.pdf

Good morning!

Payment terms on the attached invoice indicate Net 30. In accordance with the Local Government Prompt Payment Act, our standard payment terms are Net 60 days. Please contact your vendor rep and ask if they will change their terms to Net 60. If they agree, please forward a revised quote; if they decline the request, please send me their response.

Thank you, and enjoy your day.

Ellen

Ellen M. Roberts  
Director, Business Affairs  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
630-942-2233  
roberts@cod.edu

-----Original Message-----

From: Purchasing Proposals  
Sent: Tuesday, July 10, 2018 3:58 PM  
To: Roberts, Ellen <roberts@cod.edu>  
Cc: Bedford, Yvonne <bedford@cod.edu>  
Subject: FW: Contract Approval Cover Sheet & Supporting Docs: LogMein USA

Hello Ellen,

Enclosed contract for your review.

Kindly,  
Beth Cernick  
Purchasing Assistant

425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA  
T: (630) 942.2813 | F: (630) 942.4201 | cernicke@cod.edu

-----Original Message-----

From: Bedford, Yvonne  
Sent: Tuesday, July 10, 2018 3:44 PM  
To: Purchasing Proposals <purchasing@cod.edu>  
Cc: Sandy, Marelena <sandym@cod.edu>  
Subject: Contract Approval Cover Sheet & Supporting Docs: LogMein USA

Hello,

Please see attached Contract Approval Cover Sheet and supporting documents for LogMein USA.

Thanks for processing this paperwork.

Regards,  
Yvonne Bedford  
Continuing Education  
X 4194

-----  
From: sandym@cod.edu  
Sent: Tue Jul 10 15:49:04 CDT 2018  
To: PurchasingForms@cod.edu  
CC: haaker@cod.edu, schlosserm473@cod.edu  
Subject: Contract  
-----

Please see attached contract and process. If there is anything else needed, please let me know.

**COLLEGE OF DUPAGE WILL BE CLOSED EVERY FRIDAY BEGINNING THE WEEK OF JUNE 4, 2018 AND ENDING AUGUST 10, 2018.**

All my best,

**Marla**



**Marla Sandy, GrowthWheel Certified Business Advisor, MBA**  
Program Manager, Illinois Small Business Development Center  
*Center for Entrepreneurship at College of DuPage*  
2525 Cabot Drive, Suite 201, Lisle, IL 60532  
T: (630) 942-2771 | F: (630) 942-2606  
E: sandym@cod.edu

Connect with us:



### CONTRACT APPROVAL COVER SHEET

Contract Name: LogMeIn USA, Inc.

Requesting Department: Center for Entrepreneurship (Illinois SBDC) Date Initiated: 7/5/2018

Contact Name: Marla Sandy/Rita Haake Phone: 2771/2616

Email Address: sandym@cod.edu, haaker@cod.edu

Vendor Name: LogMeIn USA, Inc. Phone: (480) 253-5840

Vendor Contact: James Barton Email: James.Barton@logmein.com

Total Contract: \$ 1,980.00 Contract Dates: Start: 07/06/2018

FY Budget \$ 1,980.00 End: 07/05/2019

Vendor 1: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_

Vendor 2: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_

Vendor 3: Name \_\_\_\_\_ Quote: \$ \_\_\_\_\_

Contract Purpose: Switch of subscription platform from GoToTraining to GoToWebinar.

Contract Type: ☒ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ 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: Marelena Sandy Marelena Sandy

Budget Mgr.: Rita Haake Rita Haake

Dept. Adm.: Joe Cassidy Joe Cassidy

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to [purchasing@cod.edu](mailto:purchasing@cod.edu)

Purchasing Dept. Use Only

Comments \_\_\_\_\_

Approval Initials REVIEWED  
By E. Roberts at 10:30 am, Jul 18, 2018



## 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 Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at [purchasing@cod.edu](mailto:purchasing@cod.edu). Purchasing will review all documents, and, if appropriate, will forward to the 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](mailto:purchasingforms@cod.edu) for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to [purchasingforms@cod.edu](mailto:purchasingforms@cod.edu).

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

## INVOICE

LogMeIn USA, Inc.  
Fed ID# 81-2216538

Invoice Number 1207264249  
Customer # 6004951632  
Invoice Date 05-Jul-18  
Payment Terms Net 30  
Due Date 04-Aug-18

College of Dupage, Center For Entrepreneurship, Center Manager  
Rita Haake  
2525 Cabot Dr Ste 201  
Suite 201  
Lisle, IL 60532-3628  
USA

Invoice total : USD 1,966.80

Page 1 of 1

#	Service Description	Service Period	Qty	Monthly Unit Price	Annual Unit Price	Total
1	GoToTraining Starter Service Billing Frequency : Annual	05-Jul-18 to 25-Jul-18	1	(USD 104.00)	(USD 1,248.00)	(USD 72.80)
2	GoToWebinar Service - Pro Billing Frequency : Annual	06-Jul-18 to 05-Jul-19	1	USD 165.00	USD 1,980.00	USD 1,980.00
SUBTOTAL Excl Tax & Fee						USD 1,907.20
TAX						USD 59.60
TOTAL Including Tax & Fee						USD 1,966.80

Price letters are used with figures.

LogMeIn USA, Inc.  
Fed ID# 81-2216538

Your preferred payment method is: Check/Cheque  
Please send this payment slip with your check/cheque made payable to:

LogMeIn USA, Inc.  
PO Box 50264  
Los Angeles, CA 90074-0264

## PAYMENT INFORMATION

Company Name :  
College of Dupage, Center For  
Entrepreneurship, Center Manager  
Customer # : 6004951632  
Invoice Number : 1207264249  
Due Date : 04-Aug-18  
Balance Due : USD 1,966.80

Please do not send cash or include correspondence.

## Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://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. <b>LoqMeIn USA, Inc.</b>	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3). Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) <b>E</b> <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>320 Summer Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Boston, MA 02210</b>	
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								
8	1	-	2	2	1	6	5	3

### 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 ▶ 

Date ▶ **January 1, 2018**

### 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.

**CONTRACT APPROVAL COVER SHEET**

Contract Name: GoToTraining - GetGo, Inc.

Requesting Department: Small Business Development Center (SBDC) Date Initiated: 8/1/2017

Contact Name: Marla Sandy Phone: 2771

Email Address: sandym@cod.edu

Vendor Name: GetGo, Inc. Phone: 877-582-7011

Vendor Contact: John Yi, Customer Support Email: support@citrixonline.com

Total Contract: \$ 1,287.00

Contract Dates: Start: 07/26/2017

FY Budget \$ 1,287.00

End: 07/25/2018

Contract Purpose: RENEWAL of our GoToTraining Webinar subscription

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease  
☐ 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: Marelena Sandy

Budget Mgr.: Rita Haake

Dept. Adm.: James Ivory

Marelena Sandy  
Rita Haake  
James Ivory

Purchasing Dept. Use Only

Comments

**REVIEWED**

By E. Roberts at 12:37 pm, Sep 07, 2017

Approval Initials

Vendor didn't respond to request to change net 30 terms

to net 60.

**Request for Taxpayer  
Identification Number and Certification**

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.  
**GETGO INC**

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

3 Check appropriate box for federal tax classification; 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.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) **5**  
Exemption from FATCA reporting code (if any) **E**  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)  
**320 Summer Street**

6 City, state, and ZIP code  
**Boston, MA 02210**

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

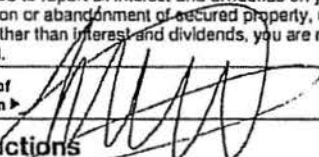
Social security number								
			-					
or								
Employer identification number								
8	1	-	2	2	1	6	5	3

**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 on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ **Feb 1, 2017**

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## INVOICE

GetGo, Inc., a subsidiary of LogMeIn, Inc.  
Fed ID# 81-2216538

Invoice Number 1206885980  
Customer # 6004951632  
Invoice Date 26-Jul-17  
Billing Frequency Annual  
Payment Terms Net 30  
Due Date 25-Aug-17

College of Dupage, Center For Entrepreneurship, Center Manager  
Rita Haake  
2525 Cabot Dr Ste 201  
Suite 201  
Lisle, IL 60532-3628  
USA

Invoice total : USD 1,287.00

Page 1 of 1

#	Service Description	Service Period	Qty	Unit Price (monthly)	Total
1	GoToTraining Starter Service	26-Jul-17 to 25-Jul-18	1	USD 104.00	USD 1,248.00
SUBTOTAL Excl Tax & Fee					USD 1,248.00
TAX					USD 39.00
TOTAL Including Tax & Fee					USD 1,287.00

*Rita Haake*  
9-13-17

Please not here and send with Payment

GetGo, Inc., a subsidiary of LogMeIn, Inc.  
Fed ID# 81-2216538

Your preferred payment method is: Check/Cheque  
Please send this payment slip with your check/cheque made payable to:

GetGo, Inc.  
PO Box 50264  
Los Angeles, CA 90074-0264

## PAYMENT INFORMATION

Company Name :  
College of Dupage, Center For  
Entrepreneurship, Center Manager  
Customer # : 6004951632  
Invoice Number : 1206885980  
Due Date : 25-Aug-17  
Balance Due : USD 1,287.00

Please do not send cash or include correspondence.