

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0275102

Vendor Name: Mr Peter R. Stanczak

Invoice Number: 071018 GENCYBER

Invoice Date: 07/10/18

PO Number:

Check Number: 0238159

Check Amount: \$ 500.00

Check Date: 08/15/2018

Department ID: 02738

Reviewer Name:

Voucher Number: V0521363

Redaction Type: FERPA

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 on the College of DuPage website.

Date: 7/10/2018  
Vendor ID: [REDACTED]

**AP-VERIFIED**  
**07/23/18 - ROBERT MAREK**

Invoice Number	P.O. Number/ Req. Number	Fund	Func	Dept	Object	Object Description	Amount
71018		06	10	02738	5309001	Other Contractual Services Exp	\$ 500.00
Grand Total							\$ 500.00

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: [REDACTED]

Other  
Instructions: [REDACTED]

Payee Address: [REDACTED]

Description on Check:

GenCyber Volunteer

Approvals:

Prepared By:

Yvonne Bedford

Signature:

*Yvonne Bedford*

Payment Due:

ASAP

Board Approved Date:

Approved By:

Daniel Deasy

Date:

Signature:

*[Signature]*

Approved By:

JUL 10 2018

Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

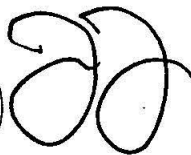
07.17.18

0.0334

I [REDACTED] (print name) agree to volunteer to help in COD GenCyber 2018 Summer Camps, a project funded by the National Security Agency and the National Science Foundation. I understand that I will receive a \$500 stipend for assisting during the program.

I will assist in the following activities under the supervision of the instructors:

- I will prepare the Raspberry Pi's for the classroom
- I will assist in the preparation of the program
- I will assist in the cleanup of the program
- I will organize supplies and materials for the program
- I will set up and assist in the Cyber Crime Challenge
- I will perform other duties as assigned.

**APPROVED****JUL 10 2018**[REDACTED]  
Signature6/21/2018  
Date

## 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.

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

3 FATCA code (codes apply only to entities, not individuals; see instructions on page 3):

4 FATCA code (if any)

5 Form FATCA reporting

6 City, state, and ZIP code

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 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								

### 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
		6/21/2018

### 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/fw9](http://www.irs.gov/fw9).

### 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.

## College of DuPage – Individual Vendor Intake Form

☐ Vendor (Request for PO - needs to be entered in BOTH Mercury and Colleague.)

☒ Vendor (Request for payment - only enter in Colleague.)

Name (as shown on line 1 of W9)	
<del>*Business Name (line 2 of W9)</del>	
*Person Last, First MI	
*Address Line 1:	
Address Line 2: (if required)	
*City:	
*State	
*Zip:	
<del>Country:</del> <del>(if other than USA)</del>	
Contact Business Phone:	
<del>Contact Fax</del>	
Contact Email:	
Vendor SSN #: W9 form is required	

\*Requester name: Yvonne Bedford

\*Department: Continuing Education      \*Date: 6-25-18

\* *Include current signed and dated W9.*

\* Please submit this form along with the W9 to the Purchasing Department to [purchasing@cod.edu](mailto:purchasing@cod.edu)