

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087295

Vendor Name: Opera America

Invoice Number: OAFY2019

Invoice Date: 10/08/18

PO Number:

Check Number: 0241703

Check Amount: \$ 350.00

Check Date: 10/17/2018

Department ID: 11701

Reviewer Name:

Voucher Number: V0530395

Redaction Type: None

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

Document Below

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From: junokasm@cod.edu  
Sent: Tue Oct 09 09:44:47 CDT 2018  
To: junokasm@cod.edu,invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: AR201WC7835 Device Name:  
PRN303

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | CONTACT US

EMPLOYEES

Welcome Ellen!

# AP VERIFIED

Voucher

## 10/09/18 - BETHANY CRUSE

Voucher Number V0530395  
 Voucher Amount \$350.00  
 Vendor ID and/or Name 1087295 Opera America

E-MAILED OCT 09 2018

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000  
 Voucher Date 10/08/18 Voucher Maintenance Date 10/08/18 Due Date 10/19/18  
 Invoice Number OAFY2019 Invoice Date 10/08/18  
 Check/Transaction Number Paid Date

## Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Company Dues FY19		1.000		350.0000	350.00	05-60-11701-5406002 AUX New Philharmonic/DOT : Dues	OAFY2019			

Comments Approval Date Next Approval

Company Dues FY19  
 02 Dues NONE

*Ellen McGowan*

10/8/18

OK

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | CONTACT US

Please hold check for pickup by  
 Ellen McGowan (x3009).

Need by:

10/18/18

Thank you!

# MAC Requisition Intake Form

<b>Vendor Name:</b>	Opera America		
<b>Address:</b>	330 7 <sup>th</sup> Avenue, 8 <sup>th</sup> Floor		
<b>City, State, ZIP:</b>	New York, NY 10001		
<b>Phone:</b>	646-699-5237	<b>FAX:</b>	
<b>Contact Name:</b>	Vincent Covatto		E-MAILED OCT 09 2018
<b>Contact e-mail:</b>	Vcovatto@operaamerica.org		

	Qty	Product Description	Mfg's Name	Item Number	Unit of measure	Unit Price (\$)	Total Price (\$)	Show Code
1	1	Membership for 2018/19 to Opera America					350.00	
2								
3								
4								
5								
6								
7								
8								

Please hold check for pickup by  
Ellen McGowan (x3009).

Need by:

10/19/18

Thank you!

**Requisition Justification:** NONE ONE MANY  
(Circle or underline one)

**Deliver to:** , MAC 201

**Ship to location:** MAC WAREHOUSE  
(Circle or underline one)

**Requisitioner places order?**

**Date needed (mm/dd/yyyy):** ASAP

**Account #s w/ Colleague** 05-60-11701 5406002  
02

**MAC Object Code:**

**Object Code:**

If using multiple account numbers, they must be reflected as part of the Product Description in the column above.

<b>Internal Notes</b> (will <u>not</u> be sent to vendor):
<b>External Notes</b> (will <u>be</u> sent to vendor):

# THE NATIONAL OPERA CENTER AMERICA

## OPERA AMERICA

### 2018–2019 PCM RENEWAL FORM

Due by November 30, 2018

Completing your 2018–2019 PCM Renewal Form ensures that your company is in good standing to apply for grants and participate in OPERA America's services through June 30, 2019.

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Please complete and return the following four sections before November 30, 2018:

- |  |  |
|--|--|
| <input type="checkbox"/> Company Summary             | <input type="checkbox"/> Service Contacts        |
| <input type="checkbox"/> Dues Assessment and Payment | <input type="checkbox"/> FY17 Audited Financials |

In a change from prior years, please note that your 2018–2019 dues will be based on your operating budget in your 2017 Fiscal Year, rather than your most recent, 2018 Fiscal Year. You will not need to wait for your new audit.

You are encouraged to return your renewal materials by scanning and emailing the documents to Vincent Covatto, organizational membership manager, at [VCovatto@operaamerica.org](mailto:VCovatto@operaamerica.org).

As soon as your renewal is received and processed, OPERA America will send you the 2019 PCM Manual and network Quick Guides with program dates and grant deadlines for the year ahead.

#### NEW THIS YEAR

Skip the paper: You can complete your renewal by computer using a macro-enabled Excel document. Download the file by visiting the following link:

**[operaamerica.org/PCMRenewal](http://operaamerica.org/PCMRenewal)**

*Please note: This digital renewal can only be used in Microsoft Excel.  
It is not compatible with Google Sheets or Apple Numbers.*

For questions or assistance, please contact Vincent Covatto, organizational membership manager, at 646.699.5237 or [VCovatto@operaamerica.org](mailto:VCovatto@operaamerica.org).

**I. COMPANY SUMMARY**

*Please confirm, update or provide the following for the general contact information for your organization.  
Your company's name will appear as indicated here on all OPERA America listings*

Company Name DuPage Opera Theatre  
Address McAninch Arts Center, 425 Fawell Blvd.  
Glen Ellyn, IL 60137  
General Phone (630) 942-4239  
General E-mail cebula@cod.edu  
Website www.cod.edu

**1. GENERAL/EXECUTIVE DIRECTOR**

*Please confirm, update or provide the following for the executive or general director of your company.*

Full Name Ms. Paula Cebula  
Prof. Title General Manager  
E-mail cebula@cod.edu  
Phone (630) 942-4239

**2. ARTISTIC/MUSIC DIRECTOR (if applicable)**

*Please confirm, update or provide the following for the artistic or music director of your company.*

Full Name Mr. Kirk Muspratt  
Prof. Title Artistic Director and Conductor  
E-mail kmuspratt@hotmail.com  
Phone (630) 942-3005

**3. OPERA AMERICA VOTING MEMBER**

In accordance with OPERA America's by-laws, each Professional Company Member must appoint its General/Executive Director or Artistic/Music Director as its official Voting Member. This Voting Member is invited to attend OPERA America's Annual Business Meeting, held in conjunction with the annual conference, where it is the responsibility of the Voting Members to elect members and offices to OPERA America's Board of Directors.

Please indicate which of the individuals listed above will serve as your Voting Member:

☐ General/Executive Director

☒ Artistic/Music Director

Return your PCM Renewal Form by emailing a scanned PDF to [VCovatto@operaamerica.org](mailto:VCovatto@operaamerica.org) (preferred)  
or by mailing it to OPERA America, Attn: Membership, 330 7<sup>th</sup> Avenue, 8<sup>th</sup> Floor, New York, NY 10001.

Please Include a PDF of your FY2017 Audited Financials when returning your form.

## II. DUES ASSESSMENT

Your 2018–2019 dues are based on your total operating budget from your 2017 Fiscal Year.

Dues are calculated according to a formula based on your total operating expenses (or total income, if less than expenses), up to a maximum value.

*If you are a multidisciplinary company (e.g. a performing arts center), your dues are calculated based on your expenses related to the production of opera and music-theater, including staffing and overhead.*

Please provide the following values for your 2017 Fiscal Year:

Fiscal Year End	<u>- \$59,011<sup>87</sup></u> (month), 2017
Total Operating Expenses	\$ <u>\$119,536.37</u>
Total Operating Income	\$ <u>\$60,524<sup>50</sup></u>

Using the lesser of the two values above, please calculate your dues to the nearest dollar using the multiplication formula indicated in the chart below:

2018–2019 Annual Dues      \$ 350<sup>00</sup>

FY2017 Budget Range	Dues Formula	Maximum Dues
\$7,500,000+	Budget x 0.0015	\$15,000
\$5,000,000 – \$7,499,999	Budget x 0.0020	\$10,000
\$3,000,000 – \$4,999,999	Budget x 0.0025	\$8,500
\$2,000,000 – \$2,999,999	Budget x 0.0030	\$6,500
\$1,000,000 – \$1,999,999	Budget x 0.0035	\$5,500
\$500,000 – \$999,999	Budget x 0.0040	\$3,500
\$100,000 – \$499,999	Budget x 0.0035	\$1,750
\$0 – \$99,999	\$350	—

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to [VCovatto@operaamerica.org](mailto:VCovatto@operaamerica.org) when returning this form.

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or by mailing it to OPERA America, Attn: Membership, 330 7<sup>th</sup> Avenue, 8<sup>th</sup> Floor, New York, NY 10001.

Please include a PDF of your FY2017 Audited Financials when returning your form.

**III. PAYMENT**

Please indicate your dues payment plan and method below. If you choose to set up a payment plan, full payment on your 2018–2019 dues must be completed by June 30, 2019.

You are encouraged to pay by Electronic Funds Transfer (EFT) from your bank account — either in a one-time payment or automatic recurring payments. This ensures payments are processed regularly according to a schedule that you designate and are not interrupted when you get a new credit card. Bank account information is stored in a secure payment processor.

☒ Payment in Full:

- ☐ Please use the EFT information below.  
☒ Please find a check to "OPERA America" enclosed.  
☐ Please charge the credit card below.

☐ Payment Plan:

(All payments must be made by June 30, 2019)

\_\_\_\_\_ (no.) ☐ semi-annual payments of \_\_\_\_\_ beginning on \_\_\_\_\_  
☐ quarterly \$ \_\_\_\_\_ (date)  
☐ monthly

- ☐ Please use the EFT information below for all scheduled payments.  
☐ Please charge the credit card below for all scheduled payments.  
☐ Other: \_\_\_\_\_

Electronic  
Funds  
Transfer  
(EFT)

Account Type ☐ Checking ☐ Savings

Name on Acct. \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Credit Card

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_

**IV. AUTHORIZATION**

I certify that the information provided is accurate to the best of our ability and agree to fulfill the dues payment as indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

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**V. SERVICE CONTACTS**

You can ensure that your company remains up-to-date on all resources and programs available through OPERA America by designating the following service contacts. Contacts nos. 3, 4, 6, 8, 9 and 10 will all receive copies of *Opera America* magazine.

**3. MEMBERSHIP CONTACT**

*Please confirm, update or provide the following for your staff member who serves as OPERA America's primary contact for membership communications and renewals.*

Full Name            Ms. Paula Cebula  
Prof. Title           General Manager  
E-mail                cebula@cod.edu  
Phone                (630) 942-4239

**4. ADVERTISING CONTACT**

*Please confirm, update or provide the following for your staff member who purchases advertising and promotions.*

Full Name            Mr. Roland Raffel  
Prof. Title            Marketing Director  
E-mail                raffel@cod.edu  
Phone                (630) 942-2263

**5. EXECUTIVE ASSISTANT TO THE GENERAL/EXECUTIVE DIRECTOR**

*Please confirm, update or provide the following for executive assistant to the general/executive director of your company.*

Full Name            \_\_\_\_\_  
Prof. Title            \_\_\_\_\_  
E-mail                \_\_\_\_\_  
Phone                \_\_\_\_\_

**6. COMMUNICATIONS CONTACT**

*Please confirm, update or provide the following for your staff member who can collaborate with OPERA America on media initiatives*

Full Name            Mr. Roland Raffel  
Prof. Title            Marketing Director  
E-mail                raffel@cod.edu  
Phone                (630) 942-2263

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Please include a PDF of your FY2017 Audited Financials when returning your form.

**7. PROFESSIONAL OPERA SURVEY CONTACT**

*Please confirm, update or provide the following for your staff member who completes your DataArts and Professional Opera Survey*

Full Name            Ms. Paula Cebula  
Prof. Title           General Manager  
E-mail                cebula@cod.edu  
Phone                (630) 942-4239

**8. PERFORMANCES CONTACT**

*Please confirm, update or provide the following for your staff member designated to update your performance schedule in OPERA America's Schedule of Performances and Future Season Survey.*

Full Name            Ms. Paula Cebula  
Prof. Title           General Manager  
E-mail                cebula@cod.edu  
Phone                (630) 942-4239

**9. BOARD CHAIR/PRESIDENT**

*Please confirm, update or provide the following for the chair or president of your board of directors*

Full Name            \_\_\_\_\_  
Board Title           \_\_\_\_\_  
Address               \_\_\_\_\_  
                              \_\_\_\_\_  
E-mail                \_\_\_\_\_  
Phone                 \_\_\_\_\_

**10. BOARD MEMBER LIAISON**

*Please confirm, update or provide the following for the member of your board of directors who can support your general director in sharing OPERA America resources and news with your board.*

Full Name            \_\_\_\_\_  
Board Title           \_\_\_\_\_  
Address               \_\_\_\_\_  
                              \_\_\_\_\_  
E-mail                \_\_\_\_\_  
Phone                 \_\_\_\_\_

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or by mailing it to OPERA America, Attn: Membership, 330 7<sup>th</sup> Avenue, 8<sup>th</sup> Floor, New York, NY 10001.

Please include a PDF of your FY2017 Audited Financials when returning your form.