

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084121  
Vendor Name: DAOES  
Invoice Number: 19-003BALANCE  
Invoice Date: 09/12/18  
PO Number: B0359424  
Check Number: E0069646  
Check Amount: \$ 6,754.56  
Check Date: 10/10/2018  
Department ID: 24005  
Reviewer Name: Kathy Striplin  
Voucher Number: V0527598  
Redaction Type: None  
Document Type: AP Invoice

Document Below

# DAOES/Technology Center of DuPage

## INVOICE

301 S. Swift Road  
Addison, IL 60101

Main: (630) 620-8770  
Fax: (630) 691-7592

College Of DuPage  
301 S. Swift Rd  
Addison, IL 60101  
Attn:Nancy Keller

INVOICE NUMBER 19-003  
INVOICE DATE 07/01/2018

TERMS 30 Days

ACCOUNT #	DESCRIPTION	UNIT PRICE	AMOUNT
1910	Rental Space 1st Billing  50% of \$206,800.64		\$103,400.32
	Direct Deposit on 8/10/18 Used FY18 Lease Amount		(\$101,175.47)
<b>APPROVED</b> <b>10/05/18 - CHRISTOPHER WOSACHLO</b>			
<b>INVOICE REVIEWED</b> <b>OKAY TO PAY</b> <b>KATHY STRIPLIN 10/03/18</b>			
	Balance Due	Balance Due	
	<b>MAKE ALL CHECKS PAYABLE TO:</b> <i>Technology Center of DuPage</i>	SUBTOTAL	\$2,224.85
	Questions concerning this invoice? Contact: Donna Contraveos (630) 691-7594 <a href="mailto:donnac@tcdupage.org">donnac@tcdupage.org</a>	TOTAL	\$2,224.85

Please return the copy of this invoice with your payment.

There is a \$25.00 service charge on each returned check.

-----  
From: donnac@tcdupage.org  
Sent: Tue Sep 11 08:51:37 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: 19-003 COD Rental Facility FY19 1st Billing.xlsx  
-----

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email.

## Invoice SmartMaster

### Table of Contents

Click a tab or a button to use a SmartMaster sheet.

Sheet	Description
<b>#REF!</b>	Enter information for goods sold to clients and customers here.
<b>Information</b>	Help, tips, and details on file sharing, conventions, and macros used in this SmartMaster.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084121

Vendor Name: DAOES

Invoice Number: 19-064

Invoice Date: 10/01/18

PO Number: B0359424

Check Number: E0069646

Check Amount: \$ 6,754.56

Check Date: 10/10/2018

Department ID: 24005

Reviewer Name: None

Voucher Number: V0529577

Redaction Type: None

Document Type: AP Invoice

Document Below

-----  
From: mitacek@cod.edu  
Sent: Mon Oct 01 14:28:48 CDT 2018  
To: invoicing@cod.edu  
CC: keller@cod.edu,striplin@cod.edu,donnac@tcdupage.org  
Subject: Invoice for BO#359424  
-----

Hi,

Please process for payment.

Thanks,

*Maureen*

Maureen Mitacek  
Administrative Assistant V  
College of DuPage Addison Center  
630-942-4648

BO# 359424

# DAOES/Technology Center of DuPage

INVOICE

301 S. Swift Road  
Addison, IL 60101

Main: (630) 620-8770  
Fax: (630) 691-7592

INVOICE NUMBER 19-064  
INVOICE DATE 10/01/2018

College of DuPage  
301 S. Swift Road  
Addison, IL 60101  
Attn: Nancy Keller

TERMS NET 30 DAYS

ACCOUNT #	DESCRIPTION	UNIT PRICE	AMOUNT
1910	Facility Rental Fall 2018 for Credit Classes		\$229.67
<b>APPROVED</b> <b>10/05/18 - CHRISTOPHER WOSACHLO</b>			
MAKE ALL CHECKS PAYABLE TO: Technology Center of DuPage		SUBTOTAL	\$229.67

Questions concerning this invoice?  
Contact: Donna Contraveos  
(630) 691-7594  
[donnac@tcdupage.org](mailto:donnac@tcdupage.org)

TOTAL \$229.67

Please return the copy of this invoice with your payment.

There is a \$25.00 service charge on each returned check.

COLLEGE OF DUPAGE

OCT 01 2018

ADDISON CENTER

mem



FALL 2018 BILLING FOR TCD CREDIT CLASSES							
COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$193 per STUDENT	TOTAL
*NURSA-1105-204	MED LAB	T/W	8/21-10/10	15	7	\$1.93	\$202.65
NURSA-1105-204	MED LAB	R	8/23 & 8/30	2	7	\$1.93	\$27.02
				<b>TOTAL</b>	<b>CREDIT</b>	<b>CLASSES</b>	<b>\$229.67</b>
*Tuesday, September 4th, no class, met on main campus for CPR class.							

COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$193 per STUDENT	TOTAL
*NURSA-1105-204	MED LAB	T/W	8/21-10/10	15	7	\$1.93	\$202.65
NURSA-1105-204	MED LAB	R	8/23 & 8/30	2	7	\$1.93	\$27.02
				<b>TOTAL</b>	<b>CREDIT</b>	<b>CLASSES</b>	<b>\$229.67</b>

\*Tuesday, September 4th, no class, met on main campus for CPR class.



## FALL 2018 BILLING FOR TCD CREDIT CLASSES

COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$193 per STUDENT	TOTAL
*NURSA-1105-204	MED LAB	T/W	8/21-10/10	15	7	\$1.93	\$202.65
NURSA-1105-204	MED LAB	R	8/23 & 8/30	2	7	\$1.93	\$27.02
				<b>TOTAL</b>	<b>CREDIT</b>	<b>CLASSES</b>	<b>\$229.67</b>

\*Tuesday, September 4th, no class, met on main campus for CPR class.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084121

Vendor Name: DAOES

Invoice Number: 19-065

Invoice Date: 10/01/18

PO Number:

Check Number: E0069646

Check Amount: \$ 6,754.56

Check Date: 10/10/2018

Department ID: 61007

Reviewer Name:

Voucher Number: V0529819

Redaction Type: None

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

Document Below

[CHANGE PASSWORD](#) | [LOG OUT](#) | [MAIN MENU](#) | [EMPLOYEES MENU](#) | [CONTACT US](#)

EMPLOYEES

Welcome Yvonne!

## Voucher

Voucher Number V0529819  
Voucher Amount \$231.60  
Vendor ID and/or Name 1084121 DAOES

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 10/03/18 Voucher Maintenance Date 10/03/18 Due Date 10/03/18

Invoice Number 19-065 Invoice Date 10/03/18

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
Facility Rental Fall 2018		1.000		231.6000	231.60	05-61-61007-5601001 Leisure CE : Rental Facility	19-065			

Comments

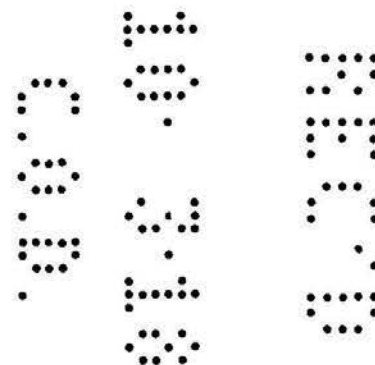
Autobody 115.80 and Home Repair 115.80

Approval Date

Next Approval

OK

 OCT 03 2018

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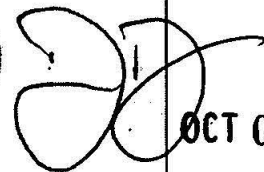
# 1084121

**DAOES/Technology Center of DuPage****INVOICE**301 S. Swift Road  
Addison, IL 60101Main: (630) 620-8770  
Fax: (630) 691-7592INVOICE NUMBER 19-065  
INVOICE DATE 10/01/2018College of DuPage  
301 S. Swift Road  
Addison, IL 60101  
Attn: Maureen Mitacek

TERMS NET 30 DAYS

ACCOUNT #	DESCRIPTION	UNIT PRICE	AMOUNT
1910	Facility Rental Fall 2018 Continuing Education Classes  #05-61-61007-5601001		\$231.60
<b>MAKE ALL CHECKS PAYABLE TO:</b> <b>Technology Center of DuPage</b>		SUBTOTAL	\$231.60

APPROVED



OCT 03 2018

Questions concerning this invoice?

Contact: Donna Contraveos  
(630) 691-7594[donnac@tcdupage.org](mailto:donnac@tcdupage.org)

TOTAL \$231.60

Please return the copy of this invoice with your payment.

There is a \$25.00 service charge on each returned check.

FALL 2018 BILLING FOR TCD CONTINUING EDUCATION CLASSES							
COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$1.93 per STUDENT	TOTAL
1. AUTO 0001-001-Autobody	AUTOBODY	R	8/23-11/1	10	6	\$1.93	\$115.80
LEISR-0032-001- Home Repair	CONST,	W	9/27-11/1	6	10	\$1.93	\$115.80
			<b>TOTAL</b>	<b>CONT.</b>	<b>ED.</b>	<b>CLASSES</b>	<b>\$231.60</b>
1. No class 9/20/18, TCD's Open House.							

COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$1.93 per STUDENT	TOTAL
1. AUTO 0001-001-Autobody	AUTOBODY	R	8/23-11/1	10	6	\$1.93	\$115.80
LEISR-0032-001-Home Repair	CONST,	W	9/27-11/1	6	10	\$1.93	\$115.80
			<b>TOTAL</b>	<b>CONT.</b>	<b>ED.</b>	<b>CLASSES</b>	<b>\$231.60</b>

1. No class 9/20/18, TCD's Open House.

### CONTRACT APPROVAL COVERSHEET

Contract Name: Nancy Keller  
 Requesting Department: Academic Outreach Date Initiated: 9/18/18  
 Contact Name: Nancy Keller Addison Center Phone: 630-942-4605  
 Email Address: keller@cod.edu

Vendor Name: DuPage Area Occupational Education System Phone: 630-691-7594  
 Vendor Contact: Donna Contraveos Email: donnac@tcdupage.org  
 Total Contract: \$ not to exceed \$20,061.51 Contract Dates: Start: 7/1/18  
 FY Budget \$ see below End: 6/30/19  
 Vendor 1: Name DAOES Facilities Use Agreement Addison Center Quote: \$ not to exceed \$12,531.51  
 Vendor 2: Name DAOES Facilities Use Agreement Continuing Education Quote: \$ not to exceed \$7,530.  
 Vendor 3: Name None Quote: \$ None

Contract Purpose: Increase in facilities use agreement rental rate.

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: Nancy Keller  
 Budget Mgr.: Andrea Liedtke  
 Dept. Adm.: Kirk Overstreet

Nancy Kelly  
Andrea Liedtke  
Kirk Overstreet

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: OK  
 Approval Initials: OK

## 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:~~ *space use based on location.*
- ☐ 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.



**FACILITY USE AGREEMENT  
BETWEEN  
COLLEGE OF DUPAGE OPEN CAMPUS  
AND  
DUPAGE AREA OCCUPATIONAL EDUCATION SYSTEM (DAOES)**

As an addendum to the agreement entered into on the 19th day of May 2016, between the DuPage Area Occupational Education System (hereinafter referred to as "DAOES") and Community College District Number 502 (hereinafter referred to as "College"), the parties further agree as follows for the term commencing July 1, 2018, and ending June 30, 2019.

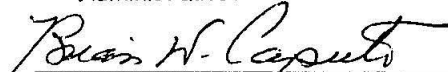
1. DAOES shall provide the College instructors audio visual equipment for use in the College classes held at the DAOES Center. The DAOES Satellite Supervisor shall be responsible for scheduling, delivering and returning said equipment.
2. The rental fee shall be based on the following formula: number of class sessions x number of students x rental rate = rental fee. The number of students shall be defined as the number of students determined by state apportionment claim enrolled in programs conducted by the College at the DAOES facilities excepting those students using facilities pursuant to a lease agreement entered into between DAOES and the College dated May 19, 2016.

Rental rate for July 1, 2018-June 30, 2019 - \$1.93

3. The DAOES equipment (audio visual, laboratory or shop) which is established as damaged, lost, or stolen during College use shall be repaired or replaced by the College provided DAOES gives the College written notice within 30 days of the occurrence.
4. Whenever necessary, the College shall purchase and maintain supply cabinets in laboratory areas for storage of consumable supplies used for College classes.
5. Whenever necessary, the College shall require students participating in College courses conducted at the DAOES facilities to purchase basic hand tool kits.

**For College of DuPage:**  
Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs

Signature: \_\_\_\_\_

  
Chairperson, Board of Trustees

Date: \_\_\_\_\_

Attest: \_\_\_\_\_

Secretary

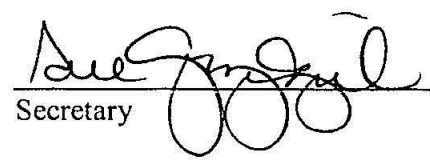
**For DuPage Area Occupational Education System (DAOES):**

Signature: \_\_\_\_\_

  
DAOES Board President

Date: \_\_\_\_\_

Attest: \_\_\_\_\_

  
Secretary



# DUPAGE AREA OCCUPATIONAL EDUCATION SYSTEM

301 South Swift Rd, Addison, IL 60101 (P) 630-620-8770



## MEMORANDUM

TO: Nancy Keller, Supervisor, College of DuPage Addison Center  
FROM: Michael Zimmerman, Director  
DATE: August 10, 2018  
RE: Rental Rate Increase

This letter is to notify you that per the addendum to the agreement entered into on the 19th day of May 2016, between the DuPage Area Occupational Education System and Community College District Number 502, the parties further agree as follows for the term commencing July 1, 2018, and ending June 30, 2019.

Item 2: "The rental fee shall be based on the following formula: number of class sessions x number of students x rental rate = rental fee. The number of students shall be defined as the number of students determined by state apportionment claim enrolled in programs conducted by the College at the DAOES facilities excepting those students using facilities pursuant to a lease agreement entered into between DAOES and the College dated May 19, 2016."

The Rental rate for July 1, 2018-June 30, 2019 will be \$1.93. Your monthly rent is the only change to the original rental agreement.

It has been a pleasure working with your team, and we look forward to continuing our partnership. Please feel free to contact with me with any questions or concerns.

Sincerely,

Michael Zimmerman, Director  
DuPage Area Occupational Education System  
Technology Center of DuPage  
301 South Swift Road  
Addison, IL 60101-1499  
Office: 630-691-7591  
Cell: 630-415-6100  
mikez@daoes.org

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084121

Vendor Name: DAOES

Invoice Number: 19-066

Invoice Date: 10/01/18

PO Number: B0360455

Check Number: E0069646

Check Amount: \$ 6,754.56

Check Date: 10/10/2018

Department ID: 14025

Reviewer Name:

Voucher Number: V0529920

Redaction Type: None

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

Document Below

# DAOES/Technology Center of DuPage

INVOICE

301 S. Swift Road  
Addison, IL 60101

Main: (630) 620-8770  
Fax: (630) 691-7592

INVOICE NUMBER	19-066
INVOICE DATE	10/01/2018
TERMS	NET 30 DAYS
Bo# 360455	

College of DuPage  
301 S. Swift Road  
Addison, IL 60101  
Attn: Maureen Mitacek

ACCOUNT #	DESCRIPTION	UNIT PRICE	AMOUNT
1910	Facility Rental Fall 2018 ELA Classes		\$4,068.44
<b>AP VERIFIED</b> <b>10/04/18 - MARIA ZERRUDO</b>			
		APPROVED	OCT 03 2018
MAKE ALL CHECKS PAYABLE TO: Technology Center of DuPage		SUBTOTAL	\$4,068.44

Questions concerning this invoice?

Contact: Donna Contraveos  
(630) 691-7594  
[donnac@tcdupage.org](mailto:donnac@tcdupage.org)

TOTAL \$4,068.44

Please return the copy of this invoice with your payment.

There is a \$25.00 service charge on each returned check.

## FALL 2018 BILLING FOR TCD ELA CLASSES

COURSE NAME	ROOM	DAYS	MEET TIME	SESSIONS	# OF STUDENTS	\$1.93 per STUDENT	TOTAL
1, 2, 3 ELA 0950/0951/0952/0953-211	Suite C	M/T/W	9/12-12/5	34	30	\$1.93	\$1,968.60
1, 2 & 3 ELA 0956-211	Suite D	M/T/W	9/12-12/5	34	32	\$1.93	\$2,099.84
			<b>TOTAL</b>	<b>CONT.</b>	<b>ED.</b>	<b>CLASSES</b>	<b>\$4,068.44</b>

1. Classes held in COD for testing first 2 days, September 11th & 12th.
2. No Classes Tuesday, October 16th, for COD's In Service Day.
3. No Classes Wednesday, November 21st -25th for the Thanksgiving Break.