

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1604502

Vendor Name: Daekyo America Inc

Invoice Number: 031620

Invoice Date: 03/16/20

PO Number:

Check Number: 0266602

Check Amount: \$ 577.50

Check Date: 04/14/2020

Department ID: 13290

Reviewer Name:

Voucher Number: V0609787

Redaction Type: Other

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

Document Below

From: acctpay@cod.edu
Sent: Mon Mar 23 11:49:39 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Refund Requests

From: Roberts, Ellen <roberts@cod.edu>
Sent: Thursday, March 19, 2020 2:46 PM
To: Accounts Payable <acctpay@cod.edu>
Cc: Schultz, Eric <schultze399@cod.edu>
Subject: FW: Refund Requests

Good afternoon,

Attached refund paperwork for your processing.

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Schultz, Eric <schultze399@cod.edu>
Sent: Thursday, March 19, 2020 2:38 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: Refund Requests

Ellen, good afternoon....Please find 2 refunds from cancelled events...
I have kept the original docs from Jen, but have added a new page 1 for both and written in the VENDOR ID.
If you could please sign and forward on to AP for a refund check, would be greatly appreciated....

Thanks!!

From: Charles, Jennifer <charlesj36@cod.edu>
Sent: Monday, March 16, 2020 2:50 PM
To: Schultz, Eric <schultze399@cod.edu>
Subject: Refund Requests

Hi,

I hope all is well.

I am emailing with a refund request for clients whose events were canceled due to COVID-19

precautions. A vendor intake form has been sent to purchasing and the vendor number will be provided when complete. Please feel free to let me know if you have any questions.

Thanks!

Jen

Jennifer Charles, CMP
Conference and Event Specialist

College of DuPage
Conference and Event Services
425 Fawell Boulevard | BIC 1409C
Glen Ellyn, IL 60137

P: 630.942.3953
F: 630.942.3955
E: charlesj36@cod.edu

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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 Procedure No. 10-65

Date: 3/16/2020
Vendor ID: _____

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
CES20191022-00031		01	90	13290	4600001	Facilities Rental	\$ 577.50
Grand Total							\$ 577.50

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services for which payment is being 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 being requested, have not been provided. The first approver indicated below will notify the Accounts Payable Office in writing within 30 days of receipt that the goods/services have not been received in a satisfactory condition/manner.

Payee Name: Daekyo, Inc.
Payee Address: 105 Challenger Road, Fl. 2
Ridgefield Park, NJ 07660

Other Instructions: Attn: Julia Choi

Description on Check:

Refund of Event Deposit due to cancelation because of COVID - 19

Approvals:

Prepared By: Jennifer Charles
Signature: [Signature]
Payment Due: _____
Board Approved Date: _____

Approved By: [Signature] Date: 3-16-2020
Signature: [Signature] Date: _____
Approved By Division VP: _____ Date: _____

Signature: **APPROVED**
By Ellen M. Roberts at 2:43 pm, Mar 19, 2020

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

Non-Accounts Receivable Deposit Form**Instructions**Instructions: [Click Here](#)

Complete the form in its entirety and attach the required software system deposit reports. Print the eForm before submitting the form. Please use Chrome or Firefox to complete the form.



Grand Total 577.50

Breakdown of Deposit Amounts

Cash:

Checks: 577.50

American Express:

Discover:

MasterCard:

Visa:

Wire:

Total Deposit: 577.50



Conference and Event Services

425 Fawell Blvd.
Glen Ellyn, Illinois 60137-6599

(630) 942-3950 *phone*
(630) 942-3955 *fax*
cod.edu

January 29, 2020

Julia Choi
Daekyo, Inc.
1356 South Milwaukee Avenue
Libertyville, IL 60048

Dear Ms. Choi:

Thank you for choosing College of DuPage for your upcoming event! This letter is to confirm a tentative reservation of the event space you have requested here at the College.

Our records indicate that your organization, **Daekyo, Inc.** has requested to use **Jack H. Turner Conference Center, Student Resource Center, Room 2000** for **2020 EyeLevel Critical Thinking Challenge** from **8:30AM until 5:30PM on Saturday, May 2, 2020**. The room will be able to host a maximum event attendance of 340 people.

Attached you will find a contract for the event space including estimates of event related charges discussed to date (e.g. dining services, audio visual requirements, etc.). To assist in guiding your attendees to the event space, two versions of our campus map are also attached with the closest parking lot to the building your event space is located in highlighted. You are welcome to share these maps with your guests. The **signed contract, certificate of liability insurance, endorsement page, and deposit** must be returned to the College of DuPage by **Friday, April 3, 2020** to ensure facilities reservation. In the event the contract is not received by the stated deadline, College of DuPage reserves the right to cancel the event space reservation.

You will receive an invoice for the remaining event charges from the College of DuPage shortly after the event takes place. The invoice will include the fee indicated on the enclosed contract, plus any added charges, such as custodial fees, dining services fees or other charges for additional services requested since the contract's submission.

Please review carefully all the information on the enclosed contract and retain a copy for your files. If you are in agreement, please sign this contract and return via email by April 3, 2020. If you have any questions, please feel free to reach me directly at 630.942.3953, via the Conference and Event Services Office by phone at 630.942.3950 or by fax at 630.942.3955.

Once again, thank you for selecting the College of DuPage for your organization's event needs. We are happy to be able to assist you and provide you with our outstanding facilities and services.

Sincerely,

Jennifer Charles
Conference and Event Specialist
College of DuPage Conference and Event Services



Contract #: CES20191022-00031
COLLEGE OF DUPAGE
CONFERENCE AND EVENT SERVICES
FACILITIES RENTAL CONTRACT

Date: January 29, 2020

1. This shall serve as a contract agreement covering the services of the College of DuPage (herein known as COLLEGE) and Daekyo, Inc. (herein known as PURCHASER).
2. Type of Engagement: **Academic Competition**
3. Facility(ies) Rented: **Jack H. Turner Conference Center, Student Resource Center, Room 2000 (SRC 2000)**
4. Estimated Attendance: **340**
5. Date(s), starting and finishing time of event: **Saturday, May 2, 2020 | 8:30AM – 5:30PM**
6. Room Rental agreed upon: **\$1,155.00** plus if applicable Audio Visual, Custodial, Dining Services, Public Safety charges.
7. College will provide the following Audio Visual/Technical, Custodial, and Public Safety Services at the noted prices. The PURCHASER shall provide in writing to the COLLEGE all service requirements (AudioVisual, Custodial, Dining Services [see item #15 for restrictions], and Public Safety) at least three weeks prior to the engagement.

Audio Visual/Technical, Custodial, Dining Services and Public Safety Services	Cost
Room Rental	\$1,155.00
Custodial Services	\$140.00
AV Equipment	\$260.00
Event Tech Supervisor	\$385.00
Dining Services – TBD, pending PURCHASER'S SELECTIONS	\$TBD
Dining Services – Tax + 10% service fee	\$TBD
Other Requirements - TBD	\$TBD

*Please note – the fees listed above are subject to change, based on any changes or additions to the above section.

8. PURCHASER shall make payment, by check, payable to **College of DuPage**, within thirty days of receiving rental invoice. Please contact Conference and Event Services to make Credit Card payments.
9. **Deposit: A deposit of \$577.50 must be returned with this signed contract to guarantee rental.**
10. Signed contracts, certificate of insurance, and the deposit must be returned to the College of DuPage by **Friday, April 3, 2020** to ensure facilities reservation.
11. **ADVERTISING** – PURCHASER agrees that the COLLEGE's facilities are simply an event venue and PURCHASER does not represent the COLLEGE in any way. Programs, advertising, or any materials referencing the College of DuPage shall not imply that the COLLEGE sponsors the PURCHASER's event, or that the event is in any way affiliated with College of DuPage. PURCHASER's use of the COLLEGE logo is expressly prohibited and the name and logo of the PURCHASER must appear in larger font than any reference to the COLLEGE. COLLEGE staff and/or resources are not available for advertising PURCHASER's event.
12. **ATTENDANCE** - PURCHASER agrees that event attendance shall not exceed the coded capacity of the appropriate venue. All events are encouraged to provide tickets so that over crowding does not occur and create a safety problem.
13. **CANCELLATION**
 - a. PURCHASER may cancel this contract without penalty, if rental is canceled more than thirty (30) days before the scheduled rental. A rental canceled between fourteen (14) and thirty (30) days prior to the rental will forfeit fifty percent (50%) of the deposit. A rental canceled less than fourteen (14) days prior to the rental will forfeit one hundred percent (100%) of the deposit.
 - b. If for any reason, except due to an Act of God, this contract is canceled by the PURCHASER beyond the Cancellation Clause contained herein, or a change of date is required by the PURCHASER for any reason other than an Act of God, then the PURCHASER agrees to reimburse the COLLEGE for COLLEGES bona fide out of pocket expenses immediately upon presentation of an invoice of such expenses to the PURCHASER or his/her Representative.

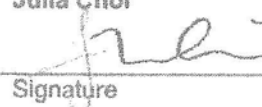
- c. The COLLEGE will make all reasonable efforts to fulfill the reservation/contract. However, the COLLEGE reserves the right to cancel any event after providing reasonable notice to the PURCHASER. Cancellation may occur if the COLLEGE requires the space to accommodate classes, due to space limitations caused by increased enrollments or building renovations. In such case if cancellation is required, PURCHASER would receive a full refund on any deposit paid.
14. **EVENT CONTENT** – PURCHASER's event is not to be in competition with course offerings of the COLLEGE, if program is determined to be in competition with COLLEGE offerings this contract shall be terminated and all future facility reservations contained within this contract will be canceled.
15. **FOOD**
- a. Catered food services will be provided by the College's contracted Food Service provider. Any outside catering must be approved by special arrangement. Alcoholic beverages may not be served or consumed on college property.
 - b. All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola.
16. **GOVERNANCE** - This agreement shall be governed by the laws of the State of Illinois. The COLLEGE representative, in signing this contract, warrants that he signs as an authorized representative of the institution.
17. **INSURANCE** - Certificate of Insurance MUST be attached to this rental agreement providing evidence of liability coverage for PURCHASER in amounts not less than \$1,000,000 combined single limit for bodily injury and property damage, with a \$2,000,000 general aggregate. Certificate of Insurance must state that 30 days advance notice will be given to the College in the event of cancellation or material change in insurance coverage. Certificate of Insurance is to include College of DuPage as additional insured on the policy. *Additionally, an Endorsement page must also be included, see sample attached.*
18. **LIABILITY** - PURCHASER shall be liable for any and all lost, stolen, and/or damaged equipment provided by the COLLEGE, as well as any damages to COLLEGE facilities, during the time of the PURCHASER's rental of College facilities.
19. **LOCATION**
- a. COLLEGE reserves the right to move PURCHASER to an alternate facility on campus that would accommodate the PURCHASER's needs. PURCHASER will be given advance warning that their event has been moved.
 - b. PURCHASER may use only the facilities assigned under this contract.
20. **RESPONSIBILITY** –
- a. The COLLEGE shall not be responsible for any items heretofore mentioned when prevented from doing so due to sickness, riots, strikes, epidemics, Acts of God, or any other legitimate conditions beyond the control of the COLLEGE. If such acts or conditions occur the COLLEGE is not liable for damages which the PURCHASER, his/her group or Representative might suffer.
 - b. The PURCHASER is responsible for any and all equipment that the PURCHASER, his/her group or representatives brings to the site of the rental. The PURCHASER is responsible for the set-up and tear down of all equipment and for property damage and/or personal injury which may arise as a result of faulty, improperly placed equipment and or negligence on the part of the PURCHASER, and shall hold the COLLEGE and their representative harmless from any such claims.
 - c. If this contract is signed by someone other than the PURCHASER contact, as listed within the front of this contract, the person signing for the PURCHASER expressly warrants that he/she is authorized by the PURCHASER to execute this contract for the PURCHASER for this rental at the time and place specified in this contract.
21. **TOBACCO FREE CAMPUS** - The College is dedicated to providing a learning environment that protects the future health and well-being of our students. The use of tobacco-related products is prohibited on all College premises. Refusal to comply with this policy may result in citations issued by the Campus Police.
22. In witness whereof the parties have executed this agreement on the date(s) indicated.

For: COLLEGE OF DUPAGE
Jennifer Charles

Signature

Conference and Event Specialist
Title

For: DAEKYO, INC.
Julia Choi



Signature

Branch Manager
Title

Date

425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-3950 (Phone)
630-942-3955 (Fax)
FEIN# - 36-2594972

Date

1356 South Milwaukee Ave.
Libertyville, IL 60048
201-394-9294 (Phone)
(Fax)
Julia.choi@myeyelevel.com (E-Mail)