

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084312
Vendor Name: DIRECTV LLC
Invoice Number: 37190867282
Invoice Date: 02/20/20
PO Number: P0369236
Check Number: 0266606
Check Amount: \$ 1,240.62
Check Date: 04/14/2020
Department ID: 17800
Reviewer Name: Beverly Smith
Voucher Number: V0607825
Redaction Type: None
Document Type: AP Invoice

Document Below

From: cousins@cod.edu
Sent: Thu Mar 12 07:58:13 CDT 2020
To: invoicing@cod.edu
CC:
Subject: DIRECTV Annual Service

Okay to pay in full. PO#**369236**

DIRECTV will not invoice receiver fees on an annual basis. They will however quote receiver fees. Please pay total of \$1751.88.

| | |
|---------------------------------|---------------------------------|
| Business Ent Pack 1 of 2 Annual | \$875.88 |
| 2 of 2 Annual | \$204.00 |
| Receiver Fees | \$56.00/month \$672.00 Annually |
| TOTAL | \$1751.88 |

Matt Cousins
Manager, Chaparral Fitness
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
cousins@cod.edu
630-942-2956

APPROVED
03/13/20 - MATTHEW COUS

00000000000000000000002365870 1 0028 00113588 00113588 7

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

PURCHASE ORDER

369236

1

APPROVED

Release Method:

Hard Copy

Release Date:

03/11/2020

Create Date:

03/11/2020

03/13/20 - MATTHEW COUSINS*** Confirming Purchase Order *****Vendor:**

1084312
DIRECTV LLC
PO Box 5006
Carol Stream, IL 60197

Attn: Customer Service

Phone: 888-388-4248

Fax:

Ship To:

College of DuPage Shipping & Receiving
425 Fawell Blvd.
Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2238

Fax: 630-942-2417

Deliver To: Cousins, Matt**PO Created By:** Dando, Anne Marie**Purchase Order Comments:****Requisition Number(s):** 679717**Requisitioner Name(s):** Matt Cousins

| # | Vendor Item | QTY | UOM | Description | Unit Price | Total Price |
|----------------------------------|-------------|-----|------|---------------------------------------|------------|-----------------|
| 1 | NA | 1 | Each | Business Entertainment Pack 2 of 2 | \$204.00 | \$204.00 |
| Deliver To: Cousins, Matt | | | | | | |
| 2 | NA | 12 | Each | Monthly Receiver Fees | \$56.00 | \$672.00 |
| Deliver To: Cousins, Matt | | | | | | |
| 3 | NA | 1 | Each | Business Entertainment Pack 1 of 2 | \$875.88 | \$875.88 |
| Deliver To: Cousins, Matt | | | | | | |
| Sub Total: \$ | | | | | | 1,751.88 |
| Total: \$ | | | | | | 1,751.88 |

Account Code Summary

| Account Code | Account Description | Amount |
|---------------------|---------------------|------------|
| 05-60-17800-5309001 | | \$1,751.88 |

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpay@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

PURCHASE ORDER

369236

Page: 2**Release Method:** Hard Copy**Release Date:** 03/11/2020**Created Date:** 03/11/2020*** Confirming Purchase Order ***

7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.

APPROVED
03/13/20 - MATTHEW COUSINS



DIRECTV
FOR BUSINESS

ACCOUNT # 2365870

ANNUAL RATE QUOTE

APPROVED

Business Ent Pack 1 of 2 Annual \$1875.88

03/13/20 - MATTHEW COUSINS

2 of 2 Annual

\$204.00

Receiver Fees \$56.00/month \$672.00 Annually

TOTAL \$1751.88

PLEASE BE ADVISED THAT RATES ARE SUBJECT TO CHANGE

Good Day Mr. Matt Cousins,

Thank you for being a valued DIRECTV customer. Please find attached the annual rate quote you requested. Should you have any questions or require additional information, please do not hesitate to contact us. Your loyalty is appreciated, have a wonderful day.

Best Regards,
Sharon Burke
Customer Satisfaction

At DIRECTV we strive to provide the finest in satellite television entertainment and outstanding customer service. If you have any additional concerns, please contact us at 1-888-388-4249. Our Customer Service Representatives are available 7 days a week from 8:00am to 1:00am.
ref:_00DA0JU6c._5001H13sGQs:ref

Important Information

Our electronic payment processing system does not read comments enclosed with your payment. Please do not write comments on the bottom of your bill or enclose correspondence with your payment.

How to Contact Us

PHONE: 1.888.388.4249

EMAIL: commercialcustsat@att.com

U.S. MAIL:

DIRECTV, LLC
Business Service Center
P.O. Box 410347
Charlotte, NC 28241

Commercial Customer Agreement

You received your DIRECTV Commercial Customer Agreement with your order confirmation. The Commercial Customer Agreement describes the terms and conditions upon which you accept our service and upon which we provide our service. Please consult the Commercial Customer Agreement for complete information about billing and payment on your account. The Commercial Customer Agreement is available at www.att.com/directv.

APPROVED
03/13/20 - MATTHEW COUSINS

Errors or Questions About Your Invoice

If you have a question about your invoice, please call or write to us as soon as possible. You must contact us within 60 days of receiving the invoice in question, and you must pay undisputed portions of the invoice by the due date in order to avoid an administrative late fee and possible disconnection of your service. We will not report your account as delinquent or take any action to collect the disputed amount while your dispute is under investigation. We will make every effort to resolve claims informally. Any claims not so resolved may be resolved only through binding arbitration, as provided in the Commercial Customer Agreement.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. We may issue a draft against your account for the amount of the check if we cannot collect the funds at first presentment.

Returned Payment Fee

If your bank or other financial institution refuses to honor the payment, draft, order, item or instrument you submit to pay this bill, including electronic debits to debit cards and bank accounts, you may be assessed a returned payment fee of the lesser of \$30.00 or the maximum amount permitted by applicable law, which may be in addition to fees imposed by your bank or financial institution.

For closed-captioning issues, you may contact us immediately at ClosedCaptioning@att.com or 1.800.347.3288, or in writing at AT&T Closed Captioning, ATTN: Mr. Timmermans, Assoc. Dir., 1010 Pine St, 11E-X-04, St. Louis, MO 63101.

Thank you for choosing DIRECTV.

Programming, pricing, terms and conditions subject to change at any time. DIRECTV services not provided outside the U.S. ©2020 AT&T Intellectual Property. All Rights Reserved. AT&T, Globe logo, DIRECTV, and all other DIRECTV marks contained herein are trademarks of AT&T Intellectual Property and/or AT&T affiliated companies. All other marks are the property of their respective owners.



Sign up for Auto Bill Pay using your checking account, then sign your name for authorization. Processing takes up to 6 weeks, so please pay this month's bill and retain a copy of this completed form for your records.

☐ **Checking Account Auto Bill Pay (Don't forget to sign your name below)**

I authorize DIRECTV and my financial institution to automatically deduct from the checking account as shown on my enclosed check all future payments for my DIRECTV bills. I may cancel this request by contacting DIRECTV. I understand the monthly amount may vary and I will receive notification of the date my checking account will be debited.

Change My Billing Address to:

(If you are moving your service location, call 1.888.388.4249.)

Street Address: _____

City: _____

State: _____ ZIP: _____

New home phone: () _____

Signature: _____ Date: _____



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084312
Vendor Name: DIRECTV LLC
Invoice Number: 37253700892
Invoice Date: 03/11/20
PO Number: B0365185
Check Number: 0266606
Check Amount: \$ 1,240.62
Check Date: 04/14/2020
Department ID: 65004
Reviewer Name: Yvonne Bedford
Voucher Number: V0608672
Redaction Type: None
Document Type: AP Invoice

Document Below

From: bedford@cod.edu
Sent: Mon Mar 16 12:24:48 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Direct TV Invoice

PROCESS ATTACHED INVOICE AND CHARGE TO BLANKET ORDER #365185.

Yvonne Bedford
Continuing Education
X 4194

From: Russo, Catherine <russoc@cod.edu>
Sent: Monday, March 16, 2020 12:20 PM
To: Bedford, Yvonne <bedford@cod.edu>
Subject: Direct TV Invoice

Hi Yvonne,

Attached is the Direct TV invoice. Thanks.

Take care.

Cathy Russo
HSTI – HTC 1003
Ext. 2183

Give your energies to the things that produce the greatest results. ~Stephen Covey



ACCOUNT NUMBER
002038761

DATE DUE
04/07/20

AMOUNT DUE
\$104.74

INVOICE NUMBER
37253700892

To contact us call 1-888-388-4249

Summary

Statement Date: 03/11/20
Page 1 of 1 for:
COLLEGE OF DUPAGE-HTC
For Service at:
TOM BRADY-HTC
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

| | |
|------------------------|-----------------|
| Previous Balance | 3.00 |
| Payments | -10.25 |
| Current Charges & Fees | 111.99 |
| Adjustments & Credits | 0.00 |
| Taxes | 0.00 |
| Amount Due | \$104.74 |

Thank you
for choosing
DIRECTV.

We're committed to bringing you
the best entertainment experience.

Activity

| Start | End | Description | Amount |
|---|-------|-----------------------------------|-----------------|
| | | Previous Balance | 3.00 |
| 02/19 | | Payment - Thank You | -10.25 |
| Current Charges for Service Period 03/10/20 - 04/09/20 | | | |
| 03/10 | 04/09 | Business Select Pack 1of2 Monthly | 52.99 |
| 03/10 | 04/09 | 2of2 Monthly | 17.00 |
| 03/10 | 04/09 | Receiver Fee 6 | 42.00 |
| AMOUNT DUE | | | \$104.74 |

APPROVED
03/27/20 - THOMAS BRADY

6

PLEASE FOLD ALONG PERFORATION, DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



INVOICE NUMBER
37253700892

DATE DUE
04/07/20

ACCOUNT NUMBER
002038761

AMOUNT DUE
\$104.74

PAYMENT ENCLOSED

☐ Note my change of address on reverse side.
DO NOT WRITE OTHER COMMENTS ON THIS FORM

(630) 942-2190

To sign up for Auto Bill Pay, See Reverse.

Please do not send cash. Make check or money order payable to:

#BWNHPWR
#PPBPCHGFA9#
MB 01 002764 14759 B 10 A
COLLEGE OF DUPAGE-HTC
TOM BRADY-HTC
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

DIRECTV
PO BOX 5006
CAROL STREAM IL 60197-5006



000000000000000000002038761 9 0028 00010474 00010474 9

Important Information

Our electronic payment processing system does not read comments enclosed with your payment. Please do not write comments on the bottom of your bill or enclose correspondence with your payment.

How to Contact Us

PHONE: 1.888.388.4249

EMAIL: commercialcustsat@att.com

U.S. MAIL:

DIRECTV, LLC
Business Service Center
P.O. Box 410347
Charlotte, NC 28241

Commercial Customer Agreement

You received your DIRECTV Commercial Customer Agreement with your order confirmation. The Commercial Customer Agreement describes the terms and conditions upon which you accept our service and upon which we provide our service. Please consult the Commercial Customer Agreement for complete information about billing and payment on your account. The Commercial Customer Agreement is available at www.directv.com/commagreement.

Errors or Questions About Your Invoice

If you have a question about your invoice, please call or write to us as soon as possible. You must contact us within 60 days of receiving the invoice in question, and you must pay undisputed portions of the invoice by the due date in order to avoid an administrative late fee and possible disconnection of your service. We will not report your account as delinquent or take any action to collect the disputed amount while your dispute is under investigation. We will make every effort to resolve claims informally. Any claims not so resolved may be resolved only through binding arbitration, as provided in the Commercial Customer Agreement.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. We may issue a draft against your account for the amount of the check if we cannot collect the funds at first presentment.

Returned Payment Fee

If your bank or other financial institution refuses to honor the payment, draft, order, item or instrument you submit to pay this bill, including electronic debits to debit cards and bank accounts, you may be assessed a returned payment fee of the lesser of \$30.00 or the maximum amount permitted by applicable law, which may be in addition to fees imposed by your bank or financial institution.

For closed-captioning issues, you may contact us immediately at ClosedCaptioning@att.com or 1.800.347.3288, or in writing at AT&T Closed Captioning, ATTN: Mr. Timmermans, Assoc. Dir., 1010 Pine St, 11E-X-04, St. Louis, MO 63101.

Thank you for choosing DIRECTV.

Programming, pricing, terms and conditions subject to change at any time. DIRECTV services not provided outside the US ©2020 AT&T Intellectual Property. All Rights Reserved. AT&T, Globe logo, DIRECTV, and all other DIRECTV marks contained herein are trademarks of AT&T Intellectual Property and/or AT&T affiliated companies. All other marks are the property of their respective owners



Sign up for Auto Bill Pay using your checking account, then sign your name for authorization. Processing takes up to 6 weeks, so please pay this month's bill and retain a copy of this completed form for your records.

☐ **Checking Account Auto Bill Pay** (*Don't forget to sign your name below*)

I authorize DIRECTV and my financial institution to automatically deduct from the checking account as shown on my enclosed check all future payments for my DIRECTV bills. I may cancel this request by contacting DIRECTV. I understand the monthly amount may vary and I will receive notification of the date my checking account will be debited.

Change My Billing Address to:

(If you are moving your service location, call 1.888.388.4249.)

Street Address: _____

City: _____

State: _____

ZIP: _____

New home phone: () _____

Signature: _____ Date: _____