

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1088827

Vendor Name: Record-A-Hit, Inc.

Invoice Number: 021920

Invoice Date: 02/19/20

PO Number:

Check Number: E0079842

Check Amount: \$ 2,775.00

Check Date: 04/14/2020

Department ID: 12781

Reviewer Name:

Voucher Number: V0616965

Redaction Type: None

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

Document Below

AP VERIFIED

04/10/20 - ISABEL BARRIOS

College of DuPage - Accounts Payable
Check Request Form
revised 11/20/19

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 - Non-Purchase Order Procedure No. 10-65

Date: 2/19/2020
Vendor ID: 1088827

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	01	30	12781	5309001	Other Contractual Services Exp	\$ 2,775.00
Grand Total						\$ 2,775.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

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: Record-A-Hit

Other Instructions: _____

Payee Address: 1495 Tonne Road
Elk Grove Village, IL 60007

Description on Check:

ASP Arcade Game Day on 2/18/20.

Approvals:

Prepared By: Sandra Gonzales
Signature: [Signature]
Payment Due: _____
Board Approved Date: _____

Approved By: Clock Steele Date: 2/19/20
Signature: [Signature]
Approved By: Nathania Montes Date: 2/24/2020
Signature: [Signature]
Approved By Division VP: Dr. Curtis Chavez Date: 3/3/2020
Signature: [Signature]

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





Record-A-Hit-Entertainment

1495 Tonne Road, Elk Grove Village, IL 60007

Phone: 847.690.1100 Fax: 847.690.1122

Website: www.recordahit.com Email: rbroma@recordahit.com

RENTAL CONTRACT

Bill To
College of DuPage

425 Fawell Blvd.
Glen Ellyn, IL 60137-
Phone: () -
Fax: () -

Deliver To
425 Fawell Blvd.
Glen Ellyn, IL 60137-

Contact Person

Shannon Hernandez
Phone: (630)942-3054
Cell Phone: () -
Email: hernan@cod.edu

Order No: 201106

PO No: Bass/Schuler

Contract Date: Feb 10, 2020








Written By: Dipesh Kadakia

Event Starts: Feb 18, 2020 11:00 am

Event Ends: Feb 18, 2020 01:00 pm

Delivery Method: Drop/Pick

Occasion: College

Description	Size	Qty	Unit Price	Total
Air Hockey				
 Air Hockey Table Requires level surface. Requires 20 amps of electricity. Delivered, set-up, not attended. https://www.recordahit.com/?s=air+hockey	7 x 4 x 3	1	\$425.00	\$425.00
Arcade Style				
 Arcade Video Game - Donkey Kong Requires 20 amps electricity. Delivered-set-up, not attended. Includes 1299 different games.	8 x 5 x 5	1	\$425.00	\$425.00
 Arcade Video Game - Street Fighter 2 Requires 20 amps electricity. Delivered-set-up, not attended. Includes 1299 different games. s://www.recordahit.com/product/street-fighter-ii/	8 x 5 x 5	1	\$425.00	\$425.00
 Arcade Video Game - Pac Man Requires 20 amp electricity. Includes 60 Games. s://www.recordahit.com/product/pacman-video-arcade-game/	8 x 5 x 5	1	\$425.00	\$425.00
 Arcade Video Game - Galaga Requires 20 amp electricity. Includes 60 Games. t.com/product/galaga-video-arcade-game/	8 x 5 x 5	1	\$425.00	\$425.00
Foosball Tables				
 Foosball Table Requires a level surface. Delivered, set-up, not attended. Must have 38" wide doorway. https://www.recordahit.com/product/foosball-table/	8 x 5 x 3	1	\$225.00	\$225.00
Novelties				
 Strike-A-Light Requires 20 amp electricity and a level surface. https://www.recordahit.com/product/strike-a-light/	35 x 44 x 36	1	\$425.00	\$425.00

Order Subtotal: \$2,775.00

TOTAL: \$2,775.00

Amount Paid: \$0.00

Balance Due: \$2,775.00

BALANCE 100% DUE AT EVENT PRIOR TO SETUP.
SIGNED CONTRACT DUE WITHIN 7 DAYS OF CONTRACT DATE.

A LATE FEE OF 5% OR A \$100 MINIMUM WILL BE ADDED TO PAYMENTS NOT RECEIVED WITHIN 1 WEEK AFTER EVENT DATE.
CREDIT CARDS ACCEPTED. DEPOSITS PAID WITH A CREDIT CARD WILL HAVE FINAL BALANCE CHARGED TO SAME
CREDIT CARD ON THE DAY OF THE EVENT. THERE IS A 3% CREDIT CARD PROCESSING FEE.

CONTRACT TERMS & CONDITIONS:

1. EVENT MAY BE CANCELLED WITH TWO (2) WEEKS NOTICE. IF CANCELLED WITHIN TWO (2) WEEKS OF EVENT, REMAINING BALANCE IS DUE. ANY REVISIONS OR CANCELLATIONS MUST BE DONE IN WRITING. IF RECORD-A-HIT IS READY TO BEGIN ON TIME BUT IS PREVENTED FROM DOING SO BECAUSE CONDITIONS OF THE CONTRACT HAVE NOT BEEN MET (I.E. ELECTRICITY), CUSTOMER IS RESPONSIBLE FOR THAT LOST TIME. RECORD-A-HIT MAY, AT THE DISCRETION OF THE SHOW STAFF, STAY LONGER THAN SCHEDULED TO ACCOMMODATE FOR DELAY. OVERTIME CHARGES MAY APPLY. ALL UNION AND/OR ELECTRICAL FEES ARE THE RESPONSIBILITY OF THE CUSTOMER.
2. DEPOSIT IS NON-REFUNDABLE.
3. THE FOLLOWING ATTRACTIONS REQUIRE THAT THE PARTICIPANT AND A WITNESS SIGN A LIABILITY WAIVER: ADRENALINE RUSH & EXTREME, ARCHERY TAG, BUBBLE SOCCER, BOUNCY BOXING, BUMPER CARS, BUNGEE BULL, BUNGEE RUN, BUNGEE SPORTS CHALLENGE, CLIMBING WALLS, EUROBUGGY, GLADIATOR JOUSTS, HUMAN BOWLING, HUMAN SPHERES, ICELESS SKATING RINK, JACOB'S LADDER, KAPOW, MELTDOWN, OBSTACLE COURSES, ROLLER SKATING RINK.
4. WE RECOMMEND HAVING AN INDOOR LOCATION IN CASE OF INCLEMENT WEATHER. UNDER NO CIRCUMSTANCES WILL ANY INFLATABLE AND/OR ELECTRICAL ATTRACTION BE OPERATED IN UNSAFE CONDITIONS WHICH INCLUDE HIGH WINDS, RAIN, HAIL & SNOW. ELECTRICITY AND RAIN IN ANY DEGREE CAN BE DANGEROUS, AND WET ATTRACTIONS CAN BE SLIPPERY AND UNSAFE. EQUIPMENT MAY BE LEFT RUNNING OR INFLATED, BUT PARTICIPANTS WILL NOT BE ALLOWED ON ATTRACTIONS IF UNSAFE CONDITIONS EXIST. SAFETY CONDITIONS WILL BE DETERMINED BY OUR CREW CHIEF ON SITE. RECORD-A-HIT RESERVES THE RIGHT TO PROHIBIT PARTICIPATION BY INTOXICATED OR UNWILLY PERSONS. GAME ATTENDANTS MUST BE ABLE TO GIVE AUDIBLE INSTRUCTIONS TO PARTICIPANTS, NOISE LEVELS MUST BE ADJUSTED. NECESSARY FOR SAFETY.
5. EQUIPMENT CANNOT BE CARRIED UP OR DOWN STAIRS. ELEVATORS OR SERVICE ELEVATORS ARE REQUIRED FOR UPPER FLOORS.
6. CLIENT AGREES TO PROVIDE PARKING FOR ONE FIFTEEN (15) FOOT VEHICLE. CLIENT AGREES TO PROVIDE A MAP OR WRITTEN DIRECTIONS TO LOCATION. ACCOMMODATIONS, IF REQUIRED, WILL BE SPECIFIED IN NOTES ON CONTRACT.

Client Signature



Robert S. Broms, President rbroms@recordahit.com
Record-a-Hit Entertainment 847-690-1100

Client Printed

Ellen M. Roberts
Interim Vice President
Administrative Affairs

2-17-2020

From: acctpay@cod.edu
Sent: Thu Apr 09 11:37:01 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Check Request - Record A Hit

From: Hernandez, Shannon
Sent: Thursday, April 9, 2020 10:51 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request - Record A Hit

This was submitted at the beginning of March for payment but I don't see it showing up as paid so I'm resubmitting, but didn't want confusion over submitting twice.

Thanks!

Shannon



Record-A-Hit-Entertainment
1495 Tonne Road, Elk Grove Village, IL 60007
Phone: 847.690.1100 | Fax: 847.690.1122
Website: www.recordahit.com | Email: rbromis@recordahit.com

INVOICE

Bill To:
COLLEGE OF DUPAGE
425 Fawell Blvd.
Glen Ellyn, IL 60137-

Invoice/Contract No: 201106
PO No: Bass/Schuler
Contract Date: Feb 10, 2020
Event Starts: Feb 18, 2020

Contact Person

Shannon Hernandez
Phone: (630)942-3054
Cell Phone: () -

QUANTITY	ATTRACTIONS	TOTAL PRICE
Air Hockey		
1	Air Hockey Table	\$425.00
Arcade Style		
1	Arcade Video Game - Donkey Kong	\$425.00
1	Arcade Video Game - Street Fighter 2	\$425.00
1	Arcade Video Game - Pac Man	\$425.00
1	Arcade Video Game - Galaga	\$425.00
Foosball Tables		
1	Foosball Table	\$225.00
Novelties		
1	Strike-A-Light	\$425.00

Order Subtotal: \$2,775.00
TOTAL: \$2,775.00

Amount Paid: \$0.00
Balance Due: \$2,775.00

PAYMENT TERMS: Specific Terms on the related contract. Unless otherwise noted, signed contract due within 15 days of contract date.

A LATE FEE OF 5% OR A \$100 MINIMUM WILL BE ADDED TO PAYMENTS NOT RECEIVED WITHIN 1 WEEK AFTER EVENT DATE.
CREDIT CARDS ACCEPTED. THERE IS A 3% CREDIT CARD PROCESSING FEE.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Oliver-VanDyk Insurance Agency 2780 44th Street SW Wyoming MI 49519		CONTACT NAME: Hannah Stone PHONE: (616) 454-0800 FAX: (616) 454-7100 E-MAIL: certificates@ovdinsurance.com ADDRESS:		
INSURED Record A Hit Inc 1495 Tonne Road Elk Grove Village IL 60007		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: THE CINCINNATI SPECIALTY UNDERWRITER		13037
		INSURER B: Employers Mutual Casualty		21415
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 770449473

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR. LTR.	TYPE OF INSURANCE	ADD. SUBR. IND. (Y/N)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC. <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CSU12082020	12/6/2019	12/6/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE/ NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> Y <input type="checkbox"/> N	4C18561	12/6/2019	12/6/2020	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4W18561	12/6/2019	12/6/2020	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached forms

CERTIFICATE HOLDER

CANCELLATION

College of DuPage 425 22nd Street Glen Ellyn IL 60137	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CONTRACT APPROVAL COVERSHEET

Contract Name: AEP Arcade Game Day
 Requesting Department: Student Life Date Initiated: 2/13/20
 Contact Name: Sandra Gonzales Phone: 2739
 Email Address: gonzaless33929@cod.edu

Vendor Name: Record-A-Hit Phone: 847-690-1100
 Vendor Contact: Robert Broms, President Email: rbroms@redordahit.com
 Total Contract: \$ 2775.00 Contract Dates: Start: 2/18/20
 FY Budget \$ _____ End: 2/18/20
 Vendor 1: Name _____ Quote: \$ 2775.00
 Vendor 2: Name _____ Quote: \$ _____
 Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: Event held by AEP for students in Student Life Lounge

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.

Requester: Sandra Gonzales
 Budget Mgr.: Chuck Steele
 Dept. Adm.: Nathanias Montes

Sign & Date
Sandra Gonzales 2/13/20
Chuck Steele 2/13/20
Nathanias Montes 2/14/2020

Submit to Procurement at purchasing@cod.edu

Purchasing Dept. Use Only

Comments

REVIEWED

By Lisa Erl at 8:46 am, Feb 17, 2020

Approval Initials _____