

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1525300
Vendor Name: Antigua, Inc.
Invoice Number: B0369188
Invoice Date: 05/06/20
PO Number: B0369188
Check Number: 0267958
Check Amount: \$ 52,960.00
Check Date: 05/13/2020
Department ID: 39047
Reviewer Name: Kathy Striplin
Voucher Number: V0622217
Redaction Type: None
Document Type: AP Invoice

Document Below

From: inmand1960@cod.edu
Sent: Wed May 06 12:23:21 CDT 2020
To: invoicing@cod.edu
CC: striplin@cod.edu
Subject: FW: COD 1st Invoice Antigua

From: Edith DeLaCruz <edelacruz@antiguac.com>
Sent: Wednesday, May 6, 2020 11:46 AM
To: Inman, Donald <inmand1960@cod.edu>
Subject: RE: COD 1st Invoice Antigua

Don,

Attached is the first invoice for the project. My assistant comes in on Thursday to complete the certified payroll, so it will be submitted on Friday.

Thank you,

Edith DeLaCruz
President
Antigua, Inc.
3604 N Laverne Ave. Chicago, IL 60641
O. 773.993.0755 F. 708.669.7464
MWBE, DBE, DEWOSB, CMS, Section 3
www.AntiguaChicago.com

From: Inman, Donald <inmand1960@cod.edu>
Sent: Tuesday, May 5, 2020 4:39 PM
To: Edith DeLaCruz <edelacruz@antiguac.com>
Subject: RE: COD 1st Invoice Antigua
Importance: High

Yes, this is fine, notarize and send to me for processing.

From: Edith DeLaCruz <edelacruz@antiguac.com>
Sent: Monday, May 4, 2020 3:06 PM
To: Inman, Donald <inmand1960@cod.edu>
Subject: COD 1st Invoice Antigua

Don,

Can you approve the invoice. Once approved I notarize and send it your way.

Thank you.

Edith DeLaCruz
President
Antigua, Inc.
3604 N Laverne Ave. Chicago, IL 60641
O. 773.993.0755 F. 708.669.7464
MWBE, DBE, DEWOSB, CMS, Section 3

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702/CMA

39047

CONSTRUCTION MANAGER-ADVISER EDITION

PAGE ONE OF 1 PAGES 1

TO OWNER:

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

PROJECT:

2020-B0033

BO 369188

APPLICATION NO:

1 Distribution to:

PERIOD TO: 04/24/20

PROJECT NO: 2020-B0033

☐ OWNER
☒ CONSTRUCTION
MANAGER
☐ ARCHITECT
☐ CONTRACTOR

CONTRACT DATE:

5/4/2020

Contact: Edith De La Cruz

General Contractor for Augmented and Virtual Reality Classroom

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM
2. Net change by Change Orders
3. CONTRACT SUM TO DATE (Line 1 + 2)
4. TOTAL COMPLETED & STORED TO DATE
(Column G on G703)

\$ 145,919.35
\$ 145,919.35
\$ 52,960.00

5. RETAINAGE:

- a. 10 % of Completed Work \$
(Column D + E on G703)
 - b. 0 % of Stored Material \$
(Column F on G703)
- Total Retainage (Lines 5a + 5b or
Total in Column J of G703)

0.00
\$ 0.00
\$ 52,960.00

6. TOTAL EARNED LESS RETAINAGE
(Line 4 less Line 5 Total)

\$ 0.00
\$ 52,960.00

7. LESS PREVIOUS CERTIFICATES FOR
PAYMENT (Line 6 from prior Certificate)

\$ 0.00
\$ 52,960.00

8. CURRENT PAYMENT DUE

\$ 52,960.00
\$ 52,960.00

9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6)

\$ 52,960.00
\$ 92,959.35

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is not in excess of the amount due.

CONTRACTOR:

By: *Edith De La Cruz*
President
State of Illinois
County of Cook
My Commission expires: 6/27/2021

OFFICIAL SEAL
ARTUR BREJ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/27/2021

Date: 5/6/2020
day of May

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and Architect certify to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 52,960.00

(Attach explanation if amount certified differs from amount applied for. Initial all figures on this Application and on the Contract Documents to conform to the amount certified.)

CONSTRUCTION MANAGER:

By: _____ Date: _____
By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under the Contract.

INVOICE REVIEWED
OKAY TO PAY
KATHY STRIPLIN 05/08/20

APPLICATION NO: 1
APPLICATION DATE: 5/4/2020
PERIOD TO:
ARCHITECT'S PROJECT NO:

G703-1992



3604 N Laverne Ave., Chicago, IL 60641
O. 773-993-0755 F. 708-669-7464

Partial Invoice

DATE	INVOICE #
05/4/2020	1

BILL TO
COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137 ATT: Donald Inman

P.O. NO.	JOB INFORMATION
2020-B0033	General Contractor for Augmented and Virtual Reality Classroom

DESCRIPTION	QNTITY	Schedule Value	This Period	Total Completed and Stored To Date	Balance To Finish
Electrical: Material, Labor	1	\$67,500.00	\$30,000.00	\$30,000.00	\$37,500.00
Fire Alarm	1	\$1,540.00			\$1,540.00
Carpet Tile	1	\$7,280.00			\$7,280.00
Edge Guard Protection	1	\$15,855.75			\$15,855.75
Blinds	1	\$25,920.00	\$15,000.00	\$15,000.00	\$10,920.00
Ceiling Tile Classroom	1	\$5,241.60			\$5,241.60
Ceiling Tile Corridor	1	\$1,547.00			\$1,547.00
Demolition	1	\$1,960.00	\$1,960.00	\$1,960.00	0
Carpentry, Framing, Drywall, Paint	1	\$4,900.00	\$2,000.00	\$2,000.00	\$2,900.00
Doors: 3 Sets	1	\$14,175.00	\$4,000.00	\$4,000.00	\$10,175.00
Schedule Value:		\$145,919.35			\$92,959.35
This Period			\$52,960.00		
Total Completed and Stored To Date				\$52,960.00	
Balance to Finish:					\$92,959.35