

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1605320  
Vendor Name: Keith Rischer  
Invoice Number: 5047  
Invoice Date: 03/29/20  
PO Number: P0369524  
Check Number: E0080065  
Check Amount: \$ 2,395.00  
Check Date: 05/12/2020  
Department ID: 00226  
Reviewer Name: Adrianna Costello  
Voucher Number: V0620962  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: costelloa146@cod.edu  
Sent: Wed Apr 22 13:50:12 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice - OK to Pay  
-----

Good Afternoon,

Please see the attached invoice for payment. Please let me know if you need additional information.

Thank you!!

*Best,*

*Adrianna Costello*

*Academic Division Business Associate  
Nursing & Health Sciences  
College of DuPage|425 Fawell Blvd.|HSC 1212  
Glen Ellyn, IL 60137  
P: 630-942-4523  
F: 630-942-4222*



KeithRN  
3700 153rd Lane NW  
Andover, MN 55304 US  
Keith@KeithRN.com  
www.KeithRN.com

Invoice 5047

PO # 369524  
GL - 01-10-00226-5304001

BILL TO  
College of DuPage

DATE  
03/29/2020

PLEASE PAY  
**\$2,395.00**

DUE DATE  
04/28/2020

ACTIVITY	QTY	RATE	AMOUNT
<b>Membership site for nurse educators:All-Inclusive Nurse Educator Membership-THINK Like a Nurse</b> Provides all-inclusive access to all full-time and clinical adjunct faculty for 12 months. The use of the case studies and clinical reasoning resources found inside this membership can be utilized by all faculty as long as the membership remains current.	1	2,395.00	2,395.00

TOTAL DUE

**\$2,395.00**

THANK YOU.

**INVOICE REVIEWED  
OKAY TO PAY  
ADRIANNA COSTELLO 04/23/20**

**APPROVED  
05/06/20 - KIRK OVERSTREET**

**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**

369524

Page: 1

Release Method: Hard Copy

Release Date: 04/22/2020

Created Date: 04/22/2020

**\* Confirming Purchase Order \*****Vendor:**

1605320  
Keith Rischer  
DBA KeithRN  
3700 153rd Ln NW  
Andover, MN 55304  
Attn: Kimberly Carter  
  
Phone: 763-227-1773  
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:** Adrianna Costello**PO Created By:** Dando, Anne Marie**Purchase Order Comments:****Requisition Number(s):** 679996**Requisitioner Name(s):** Adrianna Costello

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1	N/A	1	Each	All Inclusive Nurse Educator Membership - THINK Like a Nurse	\$2,395.00	\$2,395.00
<b>Deliver To:</b> Adrianna Costello						
						<b>Sub Total: \$ 2,395.00</b>
						<b>Total: \$ 2,395.00</b>

**Account Code Summary**

Account Code	Account Description	Amount
01-10-00226-5304001		\$2,395.00

**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](mailto:invoicing@cod.edu). Questions about payment status or other inquiries, please email [acctpay@cod.edu](mailto: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](mailto: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.
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

**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**

369524

**Page:** 2**Release Method:** Hard Copy**Release Date:** 04/22/2020**Created Date:** 04/22/2020**\* Confirming Purchase Order \***

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.

**W-9**

Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Keith Rischer</b>	
2 Business name/disregarded entity name, if different from above <b>KeithRN</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>3700 153rd Lane NW</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Andover, MN 55304</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
8	3			-	4	0	3	9	0
								9	8

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►



Date ► **4/7/2020**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.