

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1036518  
Vendor Name: Central Dupage Hospital Associ  
Invoice Number: PO366403  
Invoice Date: 08/12/20  
PO Number: PO366403  
Check Number: 0272428  
Check Amount: \$ 7,000.00  
Check Date: 09/15/2020  
Department ID: 00466  
Reviewer Name: Adeline Cooke  
Voucher Number: V0640261  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: cookea19@cod.edu  
Sent: Thu Aug 20 10:51:23 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice for processing  
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Hello,

Please process the following for payment immediately. This is PAST DUE.

Thank you,

*Addie Cooke*  
Administrative Assistant  
Office of the Dean of Students  
College of DuPage  
cookea19@cod.edu

**APPROVED**  
**09/08/20 - NATHANIA**



FILE COPY

Employee Assistance Program  
Central DuPage Hospital  
27 West 350 High Lake Road  
Winfield, Illinois 60190  
888.933.1327  
nm.org

STUDENT ASSISTANCE PROGRAM  
College of DuPage

BILLING INVOICE

2019-2020 Contract Year

August 12, 2019

**APPROVED**  
**09/08/20 - NATHANIA MONTES**

Annual Student Assistance Program Effective date: 10/1/19 – 9/30/20 \$7000.00

• TOTAL DUE: \$7000.00

• Please check payable to: Northwestern Medicine  
ATTN: Pauleen Driscoll  
27 W 350 High Lake Road  
Winfield, IL 60190

**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

**Vendor:**

1036518  
Central Dupage Hospital Association  
25 N Winfield Rd  
Winfield, IL 60190

Attn: Justin Williams

Phone: 630-933-4642  
Fax: 630-933-1933

**PURCHASE ORDER**

366403

Page: 1

Release Method: Hard Copy

Release Date: 09/10/2019

Created Date: 09/10/2019

**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: A.Cooke, SSC 3233

PO Created By: McGarry, John

**Purchase Order Comments:**

Requisition Number(s): 676192

Requisitioner Name(s): Adeline Cooke

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Renewal Student Assistance Program	\$7,000.00	\$7,000.00
Deliver To: A.Cooke, SSC 3233						
2		1	Each	Ongoing Consultation and Program Materials	\$0.00	\$0.00
Deliver To: A.Cooke, SSC 3233						
3		1	Each	Twelve month SAP Services	\$0.00	\$0.00
Deliver To: A.Cooke, SSC 3233						
					Sub Total: \$	7,000.00
					Total: \$	7,000.00

**Account Code Summary**

Account Code	Account Description	Amount
01-30-00466-5302001		\$7,000.00

**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.

**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

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.

**PURCHASE ORDER**

366403

**Page:** 2

**Release Method:** Hard Copy

**Release Date:** 09/10/2019

**Created Date:** 09/10/2019

**Laing, James**

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**From:** McGarry, John <mcgarryj1755@cod.edu>  
**Sent:** Tuesday, September 10, 2019 9:13 AM  
**To:** Laing, James  
**Cc:** Cooke, Adeline — 630.942.2485 cookea19@cod.edu.  
**Subject:** Purchase Order# 366403  
**Attachments:** 2909243.pdf

WARNING: External email, please be mindful before clicking or replying.

Good Morning,

Please confirm and process the attached Purchase Order# 366403. Thank you.

Respectfully submitted,

John McGarry, Buyer  
Department of Procurement Services  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL. 60137  
630-942-2355  
[Mcgarryj1755@cod.edu](mailto:Mcgarryj1755@cod.edu)



**FILE COPY**

Employee Assistance Program  
Central DuPage Hospital  
27 West 350 High Lake Road  
Winfield, Illinois 60190  
888.933.1327  
nm.org

August 12, 2019  
September 3, 2019

Ms. Nathania Montes  
College of DuPage  
425 Fawell Drive  
Glen Ellyn, IL 60137

Dear Ms. Montes:

Northwestern Medicine Central DuPage Hospital's contract with College of DuPage to provide Student Assistance Program (SAP) services is due to be renewed October 1, 2019. We are pleased to continue our partnership with you and will extend the SAP services at the rate below for 12 months.

This letter proposes SAP services beginning October 1, 2019 for the following services:

Ongoing consultation & program materials \$7000.00 annually – invoice enclosed

Onsite Workshops	2 Hrs. Free; additional hours billed at \$195.00/hour
Critical Incidents	1 Hr. Free; additional hours billed at \$195.00/hour

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Please RETURN this agreement and payment before the end of your current contract. We look forward to continuing our partnership to support your students thus enhancing their academic performance.

Sincerely,

  
Jim Laing  
Northwestern Medicine EAP  
Central DuPage Hospital

Enclosure (1)

October 03, 2019

College of DuPage SAP  
425 Fawell Drive  
Glen Ellyn, IL 60137

Dear Sue Jerak:

Northwestern Medicine EAP's contract with College of DuPage SAP to provide Employee Assistance Program (EAP) services is due to be renewed on 10/01/2019. We are pleased to continue our partnership with you and will extend the EAP services at the rates below for 12 months.

This letter will propose EAP services beginning 10/01/2019. It is also based on the number of employees we currently have on file. Please review the services below and mark:

The services you wish to either continue or include in the next contract.

The number of employees that you want covered in this period.

We are proposing the following services:

\$7000.00 annually

These services will cover 1 employees. Please confirm or edit this number in the next paragraph for contract renewal purposes.

We look forward to discussing your options and following up with a Contract Confirmation Letter noting the services you have chosen and the corresponding dollar amounts.

Signature here \_\_\_\_\_ Print your name \_\_\_\_\_ # Employees: \_\_\_\_\_

Please RETURN this bid no later than 09/30/2019. We look forward to continuing our partnership to support your employees and family members and therefore improve their work performance.

Sincerely,

Pauleen Driscoll

Northwestern Medicine/EAP

Enclosures

*retired*

*addition code interim?*

*per John McGarry*