

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1577665

Vendor Name: Bass/Schuler Entertainment

Invoice Number: 5/4/2021

Invoice Date: 05/04/21

PO Number:

Check Number: 0281567

Check Amount: \$ 1,600.00

Check Date: 06/08/2021

Department ID: 00819

Reviewer Name:

Voucher Number: V0679819

Redaction Type: None

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

Document Below

From: Accounts Payable <acctpay@cod.edu>
Sent: Tue May 18 08:08:23 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Process Check Request- Bass Schuler 2021 OL Training

From: Henderson, Kristina <hendernsn@cod.edu>
Sent: Monday, May 17, 2021 4:12 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Process Check Request- Bass Schuler 2021 OL Training

Hi,

Could you please process the attached check request for Bass Schuler? I have also attached the approved contract.

Thank you,
Kristina

Kristina Henderson | Coordinator of Student Life, New Student Orientation
Orientation Leader Program | Advisor: Alter Ego Productions Student Programming Board
hendernsn@cod.edu | 630-942-2510
Pronouns: she, her, hers

College of DuPage | Office of Student Life
425 Fawell Blvd. Glen Ellyn, IL 60137
www.cod.edu/studentlife

Signature Themes: Connectedness | Deliberative | Restorative | Empathy | Belief

[attachment: 5-5-2021 Check Req DS-All Signed- OL Training-Bass Schuler Escape Room DDR.pdf]
[attachment: All Signed-Bass Schuler Entertainment Escape Room Student Life KH 5.4.21.pdf]

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

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: 5/4/2021
Vendor ID: 1577665

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
N/A	01	30	00819	5309001	Other Contractual Services Exp	\$ 1,600.00

Grand Total \$ 1,600.00

--- \$1,000 and Greater Approval of Division VP or 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: Bass/Schuler Entertainment

Other Instructions:

Payee Address: 4055 W. Peterson Ave., Suite 206
Chicago, IL 60646

Description on Check:

Virtual Escape Room for Orientation Leader Training- May 27, 2021

Approvals:

Prepared By:

Approved By: Kristina Henderson Date:

Signature:

Signature: Kristina Henderson Digitally signed by Kristina Henderson
Date: 2021.05.05 13:00:45 -05'00'

Payment Due:

Approved By: Dr. Nathania Montes Date:

Board Approved Date:

Signature: Nathania Montes Digitally signed by Nathania Montes
Date: 2021.05.11 09:17:03 -05'00'

Dr. Diana Del Rosario

Approved By Division VP: Dr. Mark Curtis Chavez Date:

Signature: Diana Del Rosario Digitally signed by Diana Del Rosario
Date: 2021.05.12 19:56:23 -05'00'

Signature: Mark Curtis-Chavez Digitally signed by Mark Curtis-Chavez
Date: 2021.05.17 15:12:35 -05'00'

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

REVIEWED
By Melissa Doguim at 9:30 am, May 12, 2021

College of DuPage - Accounts Payable

Check Request Form

Notes:

Processing a Check Request

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

BASS/SCHULER ENTERTAINMENT

4055 W. Peterson Ave., Suite 206 - Chicago, IL 60646 * (773) 481-2600

FAX (773) 481-2601 * EMAIL mail@bass-schuler.com

ONLINE PERFORMANCE AGREEMENT

Contract No.: BSE-71252

This agreement for the personal services of performers on the engagement described below, is made on APRIL 26, 2021, between COLLEGE OF DUPAGE (hereinafter referred to as "Purchaser") and I ESCAPE (hereinafter referred to individually and collectively as "Artist"). BASS / SCHULER ENTERTAINMENT (hereinafter referred to as "Agent") represents that it is the Agent of Artist.

1. Name and address of place of performance: ONLINE
2. Date(s) of performance: MAY 27, 2021 (THURSDAY)
3. Performance time(s): APPRX. 1:30 PM - 3:00 PM
4. Contact(s): KRISTINA HENDERSON (630.) 942-2510 HENDERSN@COD.EDU
5. Type/Name of Event: COLLEGE ONE (1) VIRTUAL ESCAPE ROOM - ARCTIC SURVIVAL.
6. A) Sound system with qualified operator to be supplied by: NOT APPLICABLE
B) Light system with qualified operator to be supplied by: NOT APPLICABLE
7. Special provisions:
8. Contract price: \$ 1600.00 FLAT GUARANTEE. PLEASE MAKE CHECK PAYABLE TO: BASS/SCHULER ENTERTAINMENT. TAX ID# 36-4305538.

PLEASE FOLLOW INSTRUCTIONS BELOW:

Balance of \$ 1600.00 shall be paid by Purchaser to Bass/Schuler Entertainment, immediately following the conclusion within sixty (60) days of the engagement, payable by electronic payment or check(s) mailed to: Bass/Schuler Accounting, P.O. Box 2309, Glenview IL 60025- 2309.

RETURN CONTRACT TO BASS/SCHULER BY asap!

9. It is understood that this agreement is binding on both Purchaser and Artist. If the engagement is canceled by Purchaser for any reason other than an Act of God, Purchaser's deposit, if any, shall be forfeited, such forfeiture being in addition to Artist's other remedies at law. If the engagement is canceled by Artist for any reason other than an Act of God, Agent will replace Artist with a comparable Artist by mutual consent of Purchaser and Agent, or will refund Purchaser's deposit, if any; provided, however, that Agent, at its option, will be entitled to the full commission from Artist. Agent has negotiated this agreement between Purchaser and Artist, and acts solely as Agent for Artist, and is not responsible or liable for any act of commission, omission or nonperformance on the part of either Purchaser or Artist. Agent is not responsible or liable for any personal injury that may occur in association with performance(s).

10. Purchaser agrees that no portion of Artist's online performance shall be reproduced, sold, recorded, or transmitted in any way without Artist's express written consent.

Purchaser: COLLEGE OF DUPAGE/KRISTINA HENDERSON

By: *Edwin M. Roberts*
Signature of Purchaser

College of DuPage 425 Fawell Blvd., Glen Ellyn, IL 60137
Address, City, State and Zip

Date: 5.4.2021



Please finish & return

Artist: I ESCAPE/LINDA WHITLOCK

By: *Linda Whitlock*
Signature of Artist

Date: 4/29/2021

C/O Bass / Schuler Entertainment, Attn: Scott Bass, 4055 W. Peterson Ave., Ste. 206, Chicago, IL 60646 Fax: 773-481-2601
Address, City, State and Zip

ANY ATTACHMENTS, RIDERS OR ADDENDA ARE BINDING PARTS OF THIS CONTRACT.

CONTRACT APPROVAL COVERSHEET

Contract Name: Bass-Schuler Entertainment Escape Room (OL Program)

Requesting Department: Student Life Date Initiated: 4/29/2021

Contact Name: Kristina Henderson Phone: Ext. 2510

Email Address: hendersn@cod.edu

Vendor Name: Bass-Schuler Entertainment Phone: 773-481-2600

Vendor Contact: Amanda Hranicka Email: mail@bass-schuler.com

Total Contract: \$ 1600.00 Contract Dates: Start: Thursday, May 27, 2021

FY Budget \$ \$1600.00 End: Thursday, May 27, 2021

Vendor 1: Name _____ Quote: \$ _____

Vendor 2: Name _____ Quote: \$ _____

Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: To facilitate an escape room for Orientation Leader training for the purposes of team building, promote & observe problem solving, logic, and communication skills

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.

Print

Sign & Date

Requester: Kristina Henderson

Kristina Henderson Digitally signed by Kristina Henderson
Date: 2021.04.29 16:54:33 -05'00'

Budget Mgr.: Kristina Henderson

Kristina Henderson Digitally signed by Kristina Henderson
Date: 2021.04.29 16:54:43 -05'00'

Dept. Adm.: Dr. Nathania Montes

Nathania Montes Digitally signed by Nathania Montes
Date: 2021.04.29 20:03:33 -05'00'

Submit to Procurement at purchasing@cod.edu.

Purchasing Dept. Use Only

Comments _____

REVIEWED

By Lisa Erl at 1:17 pm, May 04, 2021

Approval Initials _____

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature at least three (3) weeks prior to the contract start date.

Submit the contract, along with this form and all required support documents as outlined below, to Procurement. Procurement will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation: (Select only one)

- ☒ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☐ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☐ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes must be attached.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.

- *If vendor will be providing a service on campus, a Certificate of Insurance listing the College as an additional insured, accompanied by an endorsement page is required. For additional information contact Risk Manager.*
- *If computer equipment and/or software is being procured, a completed Computer Equipment/Software form (IT Review) must be included.*

Upon signature by the Vice President, Administration, the original contract will be returned to the requester and a copy will be sent to the Procurement Department at purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s) and forward a copy of the fully executed contract to Procurement at purchasingforms@cod.edu for inclusion in the College's contract database.

This approval cover sheet, and supporting documents, must be submitted at least three (3) weeks prior to the contract start date.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.

BASS/SCHULER ENTERTAINMENT

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FAX (773) 481-2601 * EMAIL mail@bass-schuler.com

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10. Purchaser agrees that no portion of Artist's online performance shall be reproduced, sold, recorded, or transmitted in any way without Artist's express written consent.

Purchaser: COLLEGE OF DUPAGE/KRISTINA HENDERSON

By: *Edwin M. Roberts*
Signature of Purchaser

College of DuPage 425 Fawell Blvd., Glen Ellyn, IL 60137
Address, City, State and Zip

Date: 5.4.2021



Please finish & return

Artist: I ESCAPE/LINDA WHITLOCK

By: *Linda Whitlock*
Signature of Artist

Date: 4/29/2021

C/O Bass / Schuler Entertainment, Attn: Scott Bass, 4055 W. Peterson Ave., Ste. 206, Chicago, IL 60646 Fax: 773-481-2601
Address, City, State and Zip

ANY ATTACHMENTS, RIDERS OR ADDENDA ARE BINDING PARTS OF THIS CONTRACT.