

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1591687
Vendor Name: Instituto Grafico de Chicago I
Invoice Number: B0000363
Invoice Date: 08/16/21
PO Number: B0000363
Check Number: 0283759
Check Amount: \$ 2,040.00
Check Date: 08/16/2021
Department ID: 02440
Reviewer Name:
Voucher Number: V0694083
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PAYABLES BLANKET ORDER REQUEST FOR PAYMENT

AP VERIFIED
08/16/21 - BETHANY CRUSE

8/16/2021 10:52

Payment Date	<u>by 8/20/21</u>
Blanket Order #	<u>B0000363</u>
Line #	<u>Line 1 Only</u>
Payment Amount	<u>\$ 2,040.00</u>
Vendor #	<u>1591687</u>
Vendor Name	<u>Instituto Grafico de Chicago</u>
Documents Attached	<u>Contract</u>
Account #	<u>06-40-02440-5309001</u>
MAC Code (for MAC use only)	<u>499 Contracted Staff G20_KAHLO</u>

Authorized Signature

APPROVED

By Ellen McGowan at 10:57 am, Aug 16, 2021

Date

Ellen McGowan or Molly Junokas
will pick up when ready.

APPROVED

By Ellen M. Roberts at 12:35 pm, Aug 16, 2021

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Mon Aug 16 13:30:15 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Manual Check Instituto Grafico

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Monday, August 16, 2021 12:43 PM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: McGowan, Ellen <mcgowan@cod.edu>
Subject: FW: Manual Check Instituto Grafico
Importance: High

Hi Bethany,

Please process this payment. The check will need to be added to the list to be picked up by Ellen McGowan this week.

Thanks,
Joyce

Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu



From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Monday, August 16, 2021 12:37 PM
To: Sekerka, Joyce <sekerkaj@cod.edu>
Cc: Junokas, Molly <junokasm@cod.edu>
Subject: FW: Manual Check Instituto Grafico

Hi Joyce,

Ellen Roberts has approved.

Thank you.

Vera Humphrey
Administrative Assistant to the
Vice President of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)

x

From: Roberts, Ellen <roberts@cod.edu>
Sent: Monday, August 16, 2021 12:36 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: RE: Manual Check Instituto Grafico

Vera,

Attached please find the signed form.

Thank you,

Ellen

Ellen M. Roberts
Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Monday, August 16, 2021 11:13 AM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: Manual Check Instituto Grafico

Hi Ellen,

For your approval.

Thank you.

Vera Humphrey
Administrative Assistant to the
Vice President of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)

x

From: McGowan, Ellen <mcgowan@cod.edu>
Sent: Monday, August 16, 2021 11:11 AM
To: Humphrey, Vera <humphreyv@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>; Junokas, Molly <junokasm@cod.edu>
Subject: Manual Check Instituto Grafico

Hi Vera,

Please have Ellen R approve the attached payment form for check printing. We received the BO last week. We need the check by Friday, 8/20, as the artist will be here on Saturday and payment is promised on that date per the contract. Please forward to Joyce when complete.
Thank you.

Joyce,
Please let us know when we can pick up. Thank you.

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137
P. 630-942-3009
F. 630-942-3002
mcgowan@cod.edu

[attachment: Instituto Grafico Payment Request B0000363 2040.00.pdf]

CONTRACT APPROVAL COVERSHEET

Contract Name: Agreement between COD and Instituto Grafico de Chicago - Printmaking Frida Kahlo FY22
 Requesting Department: MAC Date Initiated: 06/23/21
 Contact Name: Ellen McGowan/Diana Martinez Phone: 3009/3007
 Email Address: mcgowan@cod.edu/martinezd59@cod.edu

Vendor Name: Instituto Grafico de Chicago Phone: _____
 Vendor Contact: Jose Luis Gutierrez Email: elgtz78@gmail.com
 Total Contract: \$ 2040.00 FY22 Contract Dates: Start: 07/06/21
 FY Budget \$ 2040.00 FY22 End: 08/21/21
 Vendor 1: Name N/A Quote: \$ _____
 Vendor 2: Name _____ Quote: \$ _____
 Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: Instituto Grafico de Chicago to provide free Printmaking Activation for Frida Kahlo: Timeless visitors on two dates - 07/06/21 & 08/21/21

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.

<u>Print</u>	<u>Sign & Date</u>
Requester: <u>Ellen McGowan</u>	Ellen McGowan <small>Digitally signed by Ellen McGowan Date: 2021.06.29 10:45:09 -05'00'</small>
Budget Mgr.: <u>Ellen McGowan</u>	Ellen McGowan <small>Digitally signed by Ellen McGowan Date: 2021.06.29 10:45:30 -05'00'</small>
Dept. Adm.: <u>Diana Martinez</u>	Diana Martinez <small>Digitally signed by Diana Martinez Date: 2021.06.29 11:55:02 -05'00'</small>

Submit to Procurement at purchasing@cod.edu.

Purchasing Dept. Use Only

Comments _____

REVIEWED

By Lisa Erl at 9:59 am, Jul 02, 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.

AGREEMENT
Between
COLLEGE OF DuPAGE
and
Instituto Gráfico de Chicago

This agreement is entered into this 19th day of April 2021, by and between College of DuPage and Instituto Gráfico de Chicago (herein referred to as "IGC")

SERVICES: IGC shall perform the following services for the College of DuPage:

Provide Printmaking Activation during *Frida Kahlo: Timeless* exhibition for families (adults and children). Printmaking activation will take place on two (2) select dates during the run of the exhibition, from 10am-2pm, as outlined in **Exhibit 1**.

IGC will provide materials needed for visitors to complete printmaking activity.

PAYMENT:

A rate of \$150.00 per hour for Printmaking Activation labor with a maximum of four (4) hours per day, plus a \$250.00 materials fee for each of the two (2) printmaking days, and administrative expenses as outlined in **Exhibit 1** for a total not to exceed: **\$2,040.00**

Payment shall be delivered as follows:

- A 50% Deposit of \$1,020.00 shall be paid to Instituto Gráfico de Chicago on July 6, 2021.
(ASAP after
- The remaining balance of \$1,020.00 shall be paid to Instituto Gráfico de Chicago on August 21, 2021.

TAXES: IGC shall be responsible for any and all state, local and federal taxes due related to income from the above services.

LIAISON: While performing these services, it is understood that IGC shall coordinate with Molly Junokas – **junokasm@cod.edu**.

INSURANCE: It is understood that IGC is self-employed and must carry, at their own expense any insurance coverage; such as, worker's compensation, medical, property, liability, and auto, related to the above mentioned services.

IGC will provide College of DuPage with Certificate of Insurance and Endorsement Page. A Certificate of Insurance must be furnished providing evidence of liability coverage for CLIENT in amounts not less than \$1,000,000.00 combined single limit for bodily injury and property damage, with a \$2,000,000.00 general aggregate. IGC cannot perform services without this Certificate of Insurance and Endorsement Page.

LIABILITY:

IGC agrees to hold College of DuPage, its trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims, demands, and expenses, including attorneys' fees, which may arise during the performance of this agreement.

IGC also represents and warrants that the services will not infringe any copyright, violate the rights of any person, or contain any other unlawful matter. IGC shall defend, indemnify and hold harmless College of DuPage and others of whom it may license and grant rights, against all damages suffered and expenses incurred based on any breach or alleged breach of IGC's warranty.

TERMINATION:

This agreement may be terminated by College of DuPage, at any time based upon any unsatisfactory performance by IGC.

FORCE MAJEURE:

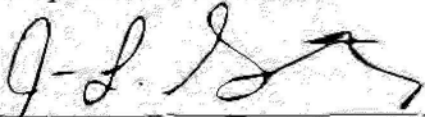
Neither party shall be liable for any failure or delay in performance of its obligations under this Agreement if exhibition becomes impossible or impracticable and is not within a party's control due to Act of God, or "act of government" – any act or regulation on public spaces, of any public authority or bureau, civil tumult, strike, epidemic, interruption or travel bans, delay of transportation services, war conditions, emergencies, where an order by a government or a government agency in a country or state has prevented performance or invoked capacity restrictions on gatherings and businesses are imposed. The parties acknowledge and agree that the occurrence of Pandemic, including but not limited to COVID19, the H1N1 virus, or swine flu in an area in close proximity to the exhibition venue in and of itself is not deemed a Force Majeure Occurrence, unless the state or local government, or US Department of Health and Human Services, declares an outbreak of the virus in the area in which the exhibition is scheduled to take place. Any other similar or dissimilar cause beyond the control of either Consultant or College of DuPage (each a "Force Majeure Occurrence") it is understood and agreed by the parties that there shall be no claim for damages by either party against the other, and each party's obligations hereunder shall be deemed waived. College of DuPage will serve notice to the Consultant, or Consultant will serve notice to the College of DuPage "as soon as possible".

COVID-19 INFORMATION: It is understood that both parties shall adhere to all current College of DuPage safety guidelines when performing any duties relating to this contract on campus. Up to date information on current policies and procedures can be found at the College's website: <https://www.cod.edu/coronavirus/index.aspx>.

The Cleve Carney Museum of Art and McAninch Arts Center at College of DuPage have implemented additional protocols to ensure the safety of visitors, volunteers, and staff. All contractors must adhere to these protocols, as outlined on the Museum's website: <https://theccma.org/safety-protocols>

In consideration thereof, both parties agree to the conditions set forth above.

Independent Contractor:

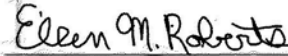


Instituto Gráfico de Chicago

5/19/2021

Date

College of DuPage:



Ellen Roberts

Interim VP Administrative Affairs

7.2.2021

Date

EXHIBIT 1

Description	Details	Amount
Print activation for Families (kids with Adults) for 4 hours on select dates during the span of the exhibition	4hrs x 2 Days x \$150 rate	\$1,200
Materials for Print activation for Families on select days	\$250 materials cost x 2 Days	\$500
	Subtotal	\$1,700
Administrative cost	20%	\$340
	Total	\$2,040

Dates
Tuesday, July 6th 10am - 2pm
Saturday, August 21st 10am - 2pm



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2021

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 Golden Owl Insurance Brokerage Luis Tayahua 6535 West Cermak Road Berwyn IL 60402		CONTACT NAME: Luis Tayahua PHONE (A/C No, Ext): (708) 637-4861 FAX (A/C No): E-MAIL ADDRESS: lt@goldenowlinsurance.com	
INSURED Instituto Grafico de Chicago, Inc. Jose L. Gutierrez 5728 S. Moody Ave. Chicago IL 60638		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 35378	

COVERAGES**CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	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 checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	3DS5472-M2283773	SEE BELOW 12:01 AM	SEE BELOW 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Deductible \$ 1,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19 for the following dates: 07/06/2021 & 08/21/2021.
Attendance: 125, Event Type: Art Show.

CERTIFICATE HOLDER**CANCELLATION**

Cleve Carney Museum of Art McAninch Arts Center, College of DuPage 425 Fawell Blvd 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 Luis Tayahua
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Cleve Carney Museum of Art
McAninch Arts Center, College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

From: noreply@esmsolutions.com <noreply@esmsolutions.com >
Sent: Wed Aug 11 15:25:07 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] Information Only - Blanket Orders Notification - 2492657 - INSTITUTO GRAFICO DE CHICAGO 499 Contracted Staff G20_KAHLO

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Dear Check,

The following Blanket Orders has been sent to INSTITUTO GRAFICO DE CHICAGO on behalf of Jordan Towne.

If you wish to contact the requester, please do so at townelj@cod.edu

Thank you,
ESM Solutions Customer Support

NOTE: This is a system generated email. Please do not reply to this email.

PURCHASE ORDER



INSTITUTO GRAFICO DE CHICAGO
5728 S Moody Ave
Chicago, IL 60638
United States
Attn: Rocardo Serment
Phone: 999-999-9999

Date: 08/11/2021
Purchase Order #: B0000363
Transaction #: 2492657
Requested By: Ellen McGowan
Requester Email: mcgowan@cod.edu
Authorized By: Jordan Towne

Ship To

College of DuPage
College of DuPage Shipping & Receiving
425 Fawell Blvd.
Glen Ellyn, IL 60137
United States
Attn: Ellen McGowan
Phone: 630-942-2238

Bill To

College of DuPage
College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137
United States
Attn: invoicing@cod.edu
Phone: 630-942-2228

**Order
Comments:**

Line #	Item #	Description	UOM	QTY	Unit Price	Line Total
1		Printmaking Activity on 07/06/21 & 08/21/21	Each	1	2,040.00 USD	2,040.00 USD
<i>Ship To</i> Ellen McGowan						
<i>Attn:</i>						
Subtotal:					2,040.00 USD	
Tax:					0.00 USD	
S & H:					0.00 USD	
Order Total:					2,040.00 USD	

General Terms

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. Questions about payment status or other inquiries, please email 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. 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 Act of