

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1627846

Vendor Name: Lifetouch National School Stud

Invoice Number: JF210228RP-000

Invoice Date: 08/11/21

PO Number:

Check Number: 0283854

Check Amount: \$ 1,500.00

Check Date: 08/17/2021

Department ID: 12451

Reviewer Name:

Voucher Number: V0693833

Redaction Type: None

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

Document Below

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From: Accounts Payable <acctpay@cod.edu>  
Sent: Thu Aug 05 13:59:01 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Check Request - Lifetouch  
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**From:** Hernandez, Shannon <hernan@cod.edu>  
**Sent:** Thursday, August 5, 2021 9:56 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Check Request - Lifetouch

[attachment: Check Request Lifetouch SH CS\_MLD.pdf]  
[attachment: lifetouch contract.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: 6/27/2021

Vendor ID: 1627846

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
	01	30	12451	5309001	Other Contractual Services Exp	\$ 1,500.00

Grand Total

\$ 1,500.00

--- \$1,000 and Over Approval of Division Vice President Required ---

**AP VERIFIED**

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: Lifetouch National School Studios

Other Instructions:

Payee Address: 11000 Viking Drive  
Eden Prairie, MN 55344

## Description on Check:

Photography services and digital photo proof for graduates who signed up for picture days

## Approvals:

Prepared By:

Shannon Hernandez

Signature:

Shannon Hernandez  
Digitally signed by Shannon Hernandez  
Date: 2021.06.30 15:34:47 -05'00'

Payment Due:

Board Approved Date:

Approved By:

Chuck Steele

Date:

Signature:

Chuck Steele  
Digitally signed by Chuck Steele  
Date: 2021.06.30 14:58:35 -05'00'

Approved By:

Nathania Montes

Date:

Signature:

Nathania Montes  
Digitally signed by Nathania Montes  
Date: 2021.06.30 17:08:49 -05'00'

Approved By Division VP:

Mark Curtis-Chavez

Date:

Signature:

Mark Curtis-Chavez  
Digitally signed by Mark Curtis-Chavez  
Date: 2021.08.04 10:34:00 -05'00'**REVIEWED**

By Diana Del Rosario at 6:17 pm, Jul 20, 2021

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

**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.



**College of DuPage** (hereinafter the "Institution") and Lifetouch National School Studios (hereinafter "Lifetouch") agree to the following:

The Institution agrees to the following:

1. Grant Lifetouch the exclusive rights to take professional images of each individual graduate.

Lifetouch agrees to the following:

1. Provide professional images of each graduate at either \$5.00 per graduate or a \$1,500 sitting fee who participates in picture day, whichever is greater to the Institution.
2. Schedule photographers to arrive a minimum of 2 hours prior to the event or at a time otherwise requested by the Institution.
3. Email each graduate their proof chosen at the event.
4. Mail and email proofs to each graduate whose address is available within two week of the event. There will be no obligation for any graduate to purchase images from Lifetouch Special Events.
5. Display and sell photographs to the graduates at [events.lifetouch.com/cod](https://events.lifetouch.com/cod)
6. Provide the Institution with a copy of each student's pictures for use at their virtual commencement; downloadable images will be delivered to the Institution at [lifetouchjf.shootproof.com/gallery/cod](https://lifetouchjf.shootproof.com/gallery/cod)
7. Offer a no-hassle, money-back-guarantee to all graduates for products purchased from Lifetouch Special Events.

For Lifetouch:

For the Institution:


**Marc Kornfield**

Signature

**Marc Kornfield**

Printed Name

Date: **March 5<sup>th</sup>, 2021**

  
Signature

**Ellen M. Roberts**

Printed Name

Date: **3.11.2021**

Term of agreement: This agreement is valid through December 31st, 2021 unless either party receives 90-day written notification from the other wishing to end the partnership before that time.

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From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Wed Aug 11 13:03:22 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: Attached Document  
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**From:** Hernandez, Shannon <hernan@cod.edu>  
**Sent:** Wednesday, August 11, 2021 12:46 PM  
**To:** Zerrudo, Maria <zerrudom@cod.edu>  
**Subject:** Re: Attached Document

Thanks -

Shannon

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**From:** Zerrudo, Maria  
**Sent:** Monday, August 9, 2021 8:32 AM  
**To:** Hernandez, Shannon  
**Subject:** Attached Document

Hi Shannon,

Can you please provide an invoice or proof of payment for the service in the amount of \$1,500.00.

Thanks

**Marivic Zerrudo**

**Accounts Payable Team Leader**

**College of DuPage**

425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599

phone 630-942-2601 | [zerrudom@cod.edu](mailto:zerrudom@cod.edu)

[attachment: Invoice Event 174486\_1 JF210228RP.jpg]

TO     Shannon Hernandez  
          College of DuPage  
          2251 Cottonwood Drive  
  
          Elgin, IL 60123  
          hernan@cod.edu

SALESPERSON	Infinity ID	Job #	DUE DATE
Marc Kornfield	174486	JF210228RP	Net 45 days

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Sitting Fee for May Commencement	\$1,500.00	\$1,500.00
SUBTOTAL			\$1,500.00
SALES TAX			N/A
TOTAL			\$1,500.00

Make all checks payable to Lifetouch  
 THANK YOU FOR YOUR BUSINESS!