

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1088827

Vendor Name: Record-A-Hit, Inc.

Invoice Number: 211647

Invoice Date: 9/20/2021

PO Number:

Check Number: E0086506

Check Amount: \$ 3,580.00

Check Date: 10/06/2021

Voucher Number: V0705703

Document Type: AP Invoice

Document Below

## Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 9/20/21 Vendor ID: 1088827 Vendor Name: Record-A-Hit  
 Payee Address: 1495 Tonne Road, Elk Grove Village, IL 60007 Payment Due Date: 10/1/21

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
211647	01-30-12931-5309001	Contractual Services	1,900.00
Total			\$ 1,900.00

Check the appropriate box below:

- ☐ 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.

Description on Check:

Street Sign on campus giveaway for students for Chaparral Days

Other Instructions:

### All requests will require the following approvals:

Requester: Shannon Hernandez Digitally signed by Shannon Hernandez  
Date: 2021.09.28 12:55:05 -05'00' Print Name: Shannon Hernandez  
 Budget Officer: Chuck Steele Digitally signed by Chuck Steele  
Date: 2021.09.28 14:49:20 -05'00' Print Name: Chuck Steele

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (cont.)**

### **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 Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

CONTRACT APPROVAL ROUTING FORM

Contract Name	Street Signs Giveaway Chap Days	Date Initiated	8/9/21
Requester Name	Shannon Hernandez	Requester Phone	3054
Requester Email Address	heman@cod.edu	Requesting Department	Student Life
Vendor Company Name	Record A Hit	Vendor Contact Phone	847.690.1100
Vendor Contact Name	Rob Broms	Vendor Contact Email Address	rbroms@recordahit.com
Total Contract Value	\$1900.00	Contract Start Date	8/30/21
FY Budget	\$1900.00	Contract End Date	8/30/21
Vendor 1 Name		Quote	\$
Vendor 2 Name		Quote	\$
Vendor 3 Name		Quote	\$
Contract Purpose Street Sign giveaway for Chaps Days events			

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.

Requester: Shannon Hernandez  
Budget Manager: Chuck Steele  
Dept. Administrator: Nathania Montes

Sign & Date  
Shannon Hernandez 8/11/21  
Chuck Steele Digitally signed by Chuck Steele  
Date: 2021.08.11 15:58:35 -0500  
Nathania Montes Digitally signed by Nathania Montes  
Date: 2021.08.17 10:24:53 -0500

Submit with contract to [contracts@cod.edu](mailto:contracts@cod.edu) when completed

Contract Reviewer Comments

Comments: **REVIEWED**  
By Lisa Erl at 4:14 pm, Aug 23, 2021



## Record-A-Hit-Entertainment

1495 Tonnie Road, Elk Grove Village, IL 60007

Phone: 847.690.1100 Fax: 847.690.1122

Website: www.recordahit.com Email: rbroms@recordahit.com

## RENTAL CONTRACT

### Bill To

College of DuPage

425 Fawell Blvd.  
Glen Ellyn, IL 60137-

Phone: ( ) -

Fax: ( ) -

### Deliver To

425 Fawell Blvd.  
Glen Ellyn, IL 60137-

### Contact Person

Shannon Hernandez

Phone: (630)942-3054

Cell Phone: (608)201-9092

Email: hernan@cod.edu

Order No: 211647

PO No: Bass/Schuler

Contract Date: Aug 02, 2021

Written By: Dipesh Kadakia

Event Starts: Aug 30, 2021 11:00 am


Event Ends: Aug 30, 2021 01:00 pm

Delivery Method: Setup & Supervise

Occasion: College

### Additional Notes

In the event that the presentation of this live engagement is prevented in any way by the continuing COVID-19 pandemic, RAH will hold the payment has a credit towards client's next event (must be before October 31st). DEADLINE TO RE-SCHEDULE IS AUGUST 27TH AT 5PM.

Description	Size	Qty	Unit Price	Total
<b>Make Your Own</b>				
 <b>Street Signs - Metal/Digital</b> Requires 20 amps electricity, light, 3 tables & 2 chairs. Space 10'x10'. Signs 18"x4" metal. Includes Logo. 50 Signs per hour. If attraction is idle for unforeseen circumstances beyond our control, production will be less. Attended. <a href="https://recordahit.com/product/metal-street-signs-digitally-printed/">https://recordahit.com/product/metal-street-signs-digitally-printed/</a>	10' x 10'	1	\$1,900.00	\$1,900.00

Order Subtotal: \$1,900.00

TOTAL: \$1,900.00

Amount Paid: \$0.00

Balance Due: \$1,900.00

*within 60 days of performance.*

BALANCE 100% DUE AT EVENT PRIOR TO SETUP.

SIGNED CONTRACT DUE WITHIN 7 DAYS OF CONTRACT DATE.

A LATE FEE OF 5% OR A \$100 MINIMUM WILL BE ADDED TO PAYMENTS NOT RECEIVED WITHIN 7 DAYS AFTER EVENT DATE.

CREDIT CARDS ACCEPTED. DEPOSITS PAID WITH A CREDIT CARD WILL HAVE FINAL BALANCE CHARGED TO SAME CREDIT CARD ON THE DAY OF THE EVENT. THERE IS A 3% CREDIT CARD PROCESSING FEE.

### CONTRACT TERMS & CONDITIONS:

1. EVENT MAY BE CANCELLED WITH TWO (2) WEEKS NOTICE. IF CANCELLED WITHIN TWO (2) WEEKS OF EVENT, REMAINING BALANCE IS DUE. ANY REVISIONS OR CANCELLATIONS MUST BE DONE IN WRITING. IF RECORD-A-HIT IS READY TO BEGIN ON TIME BUT IS PREVENTED FROM DOING SO BECAUSE CONDITIONS OF THE CONTRACT HAVE NOT BEEN MET (I.E. ELECTRICITY), CUSTOMER IS RESPONSIBLE FOR THAT LOST TIME. RECORD-A-HIT MAY, AT THE DISCRETION OF THE SHOW STAFF, STAY LONGER THAN SCHEDULED TO ACCOMMODATE FOR DELAY. OVERTIME CHARGES MAY APPLY. ALL UNION AND/OR ELECTRICAL FEES ARE THE RESPONSIBILITY OF THE CUSTOMER.

2. DEPOSIT IS NON-REFUNDABLE.

3. THE FOLLOWING ATTRACTIONS REQUIRE THAT THE PARTICIPANT AND A WITNESS SIGN A LIABILITY WAIVER: ADRENALINE RUSH & EXTREME, ARCHERY TAG, BUBBLE SOCCER, BOUNCY BOXING, BUMPER CARS, BUNGEE BULL, BUNGEE RUN, BUNGEE SPORTS CHALLENGE, CLIMBING WALLS, EURO BUNGY, GLADIATOR JOUSTS, HUMAN BOWLING, HUMAN SPHERES, ICELESS SKATING RINK, JACOB'S LADDER, KAPOW, MELTDOWN, OBSTACLE COURSES, ROLLER SKATING RINK.

4. WE RECOMMEND HAVING AN INDOOR LOCATION IN CASE OF INCLEMENT WEATHER. UNDER NO CIRCUMSTANCES WILL ANY INFLATABLE AND/OR ELECTRICAL ATTRACTION BE OPERATED IN UNSAFE CONDITIONS WHICH INCLUDE HIGH WINDS, RAIN, HAIL & SNOW. ELECTRICITY AND RAIN IN ANY DEGREE CAN BE DANGEROUS, AND WET CONDITIONS CAN BE SLIPPERY AND UNSAFE. EQUIPMENT MAY BE LEFT RUNNING OR INFLATED, BUT PARTICIPANTS WILL NOT BE ALLOWED ON ATTRACTIONS IF UNSAFE CONDITIONS EXIST. SAFETY CONDITIONS WILL BE DETERMINED BY OUR CREW CHIEF ON SITE. RECORD-A-HIT RESERVES THE RIGHT TO PROHIBIT PARTICIPATION BY INTOXICATED OR UNRULY PERSONS. GAME ATTENDANTS MUST BE ABLE TO GIVE AUDIBLE INSTRUCTIONS TO PARTICIPANTS, NOISE LEVELS MUST BE ADJUSTED. NECESSARY FOR SAFETY.

5. EQUIPMENT CANNOT BE CARRIED UP OR DOWN STAIRS. ELEVATORS OR SERVICE ELEVATORS ARE REQUIRED FOR UPPER FLOORS.  
6. CLIENT AGREES TO PROVIDE PARKING FOR ONE FIFTEEN (15) FOOT VEHICLE. CLIENT AGREES TO PROVIDE A MAP OR WRITTEN DIRECTIONS TO LOCATION.  
ACCOMMODATIONS, IF REQUIRED, WILL BE SPECIFIED IN NOTES ON CONTRACT.

Client Signature Ellen M. Roberts

Client Printed Ellen M. Roberts 8.24.2021

Robert S. Broms, *President* [rbroms@recordahit.com](mailto:rbroms@recordahit.com)  
**Record-A-Hit Entertainment** 847-690-1100



**Record-A-Hit-Entertainment**  
1495 Tonne Road, Elk Grove Village, IL 60007  
Phone: 847.690.1100 | Fax: 847.690.1122  
Website: www.recordahit.com | Email: rbroms@recordahit.com

## INVOICE

**Bill To:**

COLLEGE OF DUPAGE  
425 Fawell Blvd.  
Glen Ellyn, IL 60137-

**Invoice/ Contract No:** 211647

**PO No:** Bass/Schuler

**Contract Date:** Aug 02, 2021

**Event Starts:** Aug 30, 2021

**Contact Person**

**Shannon Hernandez**  
**Phone:** (630)942-3054  
**Cell Phone:** (608)201-9092

QUANTITY	ATTRACTIONS	TOTAL PRICE
<b>Make Your Own</b>		
1	Street Signs - Metal/Digital	\$1,900.00

**Order Subtotal:** \$1,900.00

**TOTAL:** \$1,900.00

**Amount Paid:** \$0.00

**Balance Due:** \$1,900.00

Accounts Payable <acctpay@cod.edu>

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**FW: Check Request - Record A Hit Street Signs**

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Accounts Payable <acctpay@cod.edu>

Wed, Sep 29, 2021 at 03:09 PM GMT

CC:

BCC:

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**From:** Hernandez, Shannon <hernan@cod.edu>  
**Sent:** Wednesday, September 29, 2021 9:21 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Check Request - Record A Hit Street Signs

***Shannon Hernandez***

College of DuPage

Office of Student Life

Coordinator of Student Life – Clubs and Office Operations

Co-Advisor Phi Theta Kappa

630-942-3054

*Deliberative \* Restorative \* Adaptability \* Empathy \* Harmony*



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**1 attachment**

check request RAH street signs SH CS.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1088827

Vendor Name: Record-A-Hit, Inc.

Invoice Number: 211612

Invoice Date: 9/20/2021

PO Number:

Check Number: E0086506

Check Amount: \$ 3,580.00

Check Date: 10/06/2021

Voucher Number: V0705708

Document Type: AP Invoice

Document Below

## Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 9/20/21 Vendor ID: 1088827 Vendor Name: Record-A-Hit  
 Payee Address: 1495 Tonne Road, Elk Grove Village, IL 60007 Payment Due Date: 10/8/21

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
211612	01-30-12931-5309001	Contractual	1,680.00
Total			\$ 1,680.00

Check the appropriate box below:

- ☒ 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.

Description on Check:

Payment for contract for movie screen rental for New Student Orientation Movie Night

Other Instructions:

### All requests will require the following approvals:

Requester: Shannon Hernandez Digitally signed by Shannon Hernandez  
Date: 2021.09.26 13:14:18 -05'00' Print Name: Shannon Hernandez  
 Budget Officer: Chuck Steele Digitally signed by Chuck Steele  
Date: 2021.09.28 14:48:03 -05'00' Print Name: Chuck Steele

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

## **Check Request Form (cont.)**

### **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 Procurement Office.  
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
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 Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



**Record-A-Hit-Entertainment**  
1495 Tonne Road, Elk Grove Village, IL 60007  
Phone: 847.690.1100 | Fax: 847.690.1122  
Website: www.recordahit.com | Email: rbroms@recordahit.com

## INVOICE

**Bill To:**

COLLEGE OF DUPAGE  
425 Fawell Blvd.  
Glen Ellyn, IL 60137-

**Invoice/ Contract No:** 211612

**PO No:** Bass/Schuler

**Contract Date:** Jul 26, 2021

**Event Starts:** Aug 12, 2021

**Contact Person**

**Shannon Hernandez**  
**Phone:** (630)942-3054  
**Cell Phone:** (608)201-9092

QUANTITY	ATTRACTIONS	TOTAL PRICE
<b>Generators</b>		
1	Generator 5500 Ryobi	\$90.00
1	Generator 3000 W Superquiet RESTRICTED USE	\$90.00
<b>Miscellaneous Event Equip.</b>		
20	Sand Bags	\$100.00
<b>Music, Sound, Lighting, Video</b>		
1	Movie Screen - Inflated (25')	\$1,400.00

**Order Subtotal:** \$1,680.00

**TOTAL:** \$1,680.00

**Amount Paid:** \$0.00

**Balance Due:** \$1,680.00

**PAYMENT TERMS:** Specific Terms on the related contract. Unless otherwise noted, signed contract due within 15 days of contract date.

A LATE FEE OF 5% OR A \$100 MINIMUM WILL BE ADDED TO PAYMENTS NOT RECEIVED WITHIN 1 WEEK AFTER EVENT DATE.  
CREDIT CARDS ACCEPTED. THERE IS A 3% CREDIT CARD PROCESSING FEE.



## Record-A-Hit-Entertainment

1495 Tonne Road, Elk Grove village, IL 60007  
 Phone: 847.690.1100 Fax: 847.690.1122  
 Website: www.recordahit.com Email: rarenta@recordahit.com

## RENTAL CONTRACT

**Bill To**  
**College of DuPage**





425 Fawell Blvd.  
 Glen Ellyn, IL 60137-  
 Phone: ( ) -  
 Fax: ( ) -

**Deliver To**  
 425 Fawell Blvd.  
 Glen Ellyn, IL 60137-

**Contact Person**  
**Shannon Hernandez**  
 Phone: (630)942-3054  
 Cell Phone: (608)201-9092  
 Email: shernan@cod.edu

**Order No:** 211612  
**PO No:** Bass, Schuler  
**Contract Date:** Jul 26, 2021  
**Written By:** Dipesh Kadakia

**Event Starts:** Aug 12, 2021 08:30 am  
**Event Ends:** Aug 12, 2021 11:00 am  
**Delivery Method:** Setup & Supervise  
**Occasion:** College

Description	Size	Qty	Unit Price	Total
<b>Generators</b>				
 Generator 5500 Ryobi		1	\$90.00	\$90.00
 Generator 3000 W Superquiet RESTRICTED USE <a href="https://www.recordahit.com/product/generators/">https://www.recordahit.com/product/generators/</a>		1	\$90.00	\$90.00
<b>Miscellaneous Event Equip.</b>				
 Sand Bags		20	\$5.00	\$100.00
<b>Music, Sound, Lighting, Video</b>				
 Movie Screen - Inflated (25') Requires 3, 20 amp circuits and a flat surface. Sandbags or stakes will anchor it. Not usable in high or gusty wind conditions. Includes sound system, projection and attendant. Movie to be provided by client. <a href="https://www.recordahit.com/product/25-movie-screen/">https://www.recordahit.com/product/25-movie-screen/</a>	28' H x 22' W	1	\$1,400.00	\$1,400.00

**Order Subtotal:** \$1,680.00  
**TOTAL:** \$1,680.00

**Amount Paid:** \$0.00  
**Balance Due:** \$1,680.00

**Balance Due:** \$1,680.00  
 BALANCE DUE 7 DAYS AFTER EVENT PRIOR TO SETUP  
 PAYMENT CONTRACT DUE WITHIN 7 DAYS OF CONTRACT DATE.

A 10% DEPOSIT OF \$100 MINIMUM WILL BE ADDED TO PAYMENTS NOT RECEIVED WITHIN 7 DAYS AFTER EVENT DATE.  
 CREDIT CARDS ACCEPTED: DEPOSITS PAID WITH A CREDIT CARD WILL HAVE FINAL BALANCE CHARGED TO SAME  
 CREDIT CARD ON THE DAY OF THE EVENT, THERE IS A 3% CREDIT CARD PROCESSING FEE.

### CONTRACT TERMS & CONDITIONS

THIS CONTRACT IS VOIDED WITHIN 2 WEEKS NOTICE IF CANCELLED WITHIN TWO (2) WEEKS OF EVENT. REMAINING BALANCE IS DUE. ANY REVISIONS OR  
 CANCELLATIONS MUST BE IN WRITING. IF RECORD-A-HIT IS READY TO BEGIN ON TIME BUT IS PREVENTED FROM DOING SO BECAUSE CONDITIONS OF THE CONTRACT  
 ARE NOT MET, RECORD-A-HIT IS NOT RESPONSIBLE FOR THAT LOST TIME. RECORD-A-HIT MAY, AT THE DISCRETION OF THE SHOW STAFF, STAY LONGER  
 THAN THE TIME REQUESTED FOR DELAY. OVERTIME CHARGES MAY APPLY. ALL UNION AND/OR ELECTRICAL FEES ARE THE RESPONSIBILITY OF THE CUSTOMER.  
 RECORD-A-HIT IS NOT RESPONSIBLE FOR DELAY.

Printed: 7/26/21 10:00 AM

Order # 211612

Page 1 of 2

3. THE FOLLOWING ATTRACTIONS REQUIRE THAT THE PARTICIPANT AND A WITNESS SIGN A LIABILITY WAIVER: ADRENALINE RUSH & EXTREME, ARCHERY TAG, BUBBLE SOCCER, BOLACH BOWLING, BUMPER CARS, BUNGEE SKILL, BUNGEE RAY, BUNGEE SPORTS CHALLENGE, CLIMBING WALLS, EUROBUNGY, GLADIATOR JOUSTS, HUMAN BOWLING, HUMAN SPHERES, ICELESS SKATING RINK, JACOBS LADDER, KAPOCH, MELTDOWN, OBSTACLE COURSES, ROLLER SKATING RINK.

4. WE RECOMMEND HAVING AN INDOOR LOCATION IN CASE OF INCLEMENT WEATHER. UNDER NO CIRCUMSTANCES WILL ANY INFLATABLE AND/OR ELECTRICAL ATTRACTION BE OPERATED IN UNSAFE CONDITIONS WHICH INCLUDE HIGH WINDS, RAIN, HAIL, & SNOW. ELECTRICITY AND RAIN IN ANY DEGREE CAN BE DANGEROUS, AND WET ATTRACTIONS CAN BE SLIPPERY AND UNSAFE. EQUIPMENT MAY BE LEFT RUNNING OR INFLATED, BUT PARTICIPANTS WILL NOT BE ALLOWED ON ATTRACTIONS IF UNSAFE CONDITIONS EXIST. SAFETY CONDITIONS WILL BE DETERMINED BY OUR CREW CHIEF ON SITE. RECORD-A-HIT RESERVES THE RIGHT TO PROHIBIT PARTICIPATION BY INTOXICATED OR UNRILLY PERSONS. GAME ATTENDANTS MUST BE ABLE TO GIVE AUDIBLE INSTRUCTIONS TO PARTICIPANTS. NOISE LEVELS MUST BE ADJUSTED, NECESSARY FOR SAFETY.

5. EQUIPMENT CANNOT BE CARRIED UP OR DOWN STAIRS. ELEVATORS OR SERVICE ELEVATORS ARE REQUIRED FOR UPPER FLOORS.

6. CLIENT AGREES TO PROVIDE PARKING FOR ONE FIFTEEN (15) FOOT VEHICLE. CLIENT AGREES TO PROVIDE A MAP OR WRITTEN DIRECTIONS TO LOCATION. ACCOMMODATIONS, IF REQUIRED, WILL BE SPECIFIED IN NOTES ON CONTRACT.

Client Signature Ellen M. Roberts  
Digitally signed by Ellen M. Roberts  
DN: cn=Ellen M. Roberts, o=Record-A-Hit Entertainment, email=eroberts@recordahit.com

Client Printed Ellen M. Roberts

Robert S. Broms, President [rbroms@recordahit.com](mailto:rbroms@recordahit.com)  
**Record-A-Hit Entertainment** 847-690-1100

Accounts Payable <acctpay@cod.edu>

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**FW: Check Request - Record A Hit Screen**

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Accounts Payable <acctpay@cod.edu>

Wed, Sep 29, 2021 at 03:09 PM GMT

CC:

BCC:

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**From:** Hernandez, Shannon <hernan@cod.edu>  
**Sent:** Wednesday, September 29, 2021 9:21 AM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** Check Request - Record A Hit Screen

***Shannon Hernandez***

College of DuPage

Office of Student Life

Coordinator of Student Life – Clubs and Office Operations

Co-Advisor Phi Theta Kappa

630-942-3054

*Deliberative \* Restorative \* Adaptability \* Empathy \* Harmony*



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**1 attachment**

Check Request RAH Movie Night SH CS.pdf