

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082065

Vendor Name: A.F.M. & E.P. Fund

Invoice Number: NP040922PEN

Invoice Date: 5/4/2022

PO Number:

Check Number: 0299012

Check Amount: \$ 1,022.67

Check Date: 05/13/2022

Voucher Number: V0738019

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: 05/04/2022 Vendor ID: 1082065 Vendor Name: A.F.M. & E.P. Fund
 Payee Address: 656 W. Randolph, Ste. 2W, Chicago, IL 60661-2121 Payment Due Date: 05/13/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
NP040922PEN	05-60-11701-5309004	MAC Touring: Performing Arts Services	1,022.67
Total			\$ 1,022.67

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:

Other Instructions:

Ellen McGowan will pick up check on 05/04/22.

Ellen McGowan to pick up check on 05/13/22.

Note for MAC: 465 Dues/Pension NP22_WSSTORY

All requests will require the following approvals:

Requester: Molly J unokas Digitally signed by Molly J unokas
Date: 2022.05.04 16:48:07 -05'00' Print Name: Molly J unokas
 Budget Officer: Ellen McGowan Digitally signed by Ellen McGowan
Date: 2022.05.04 16:50:15 -05'00' Print Name: Ellen McGowan

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

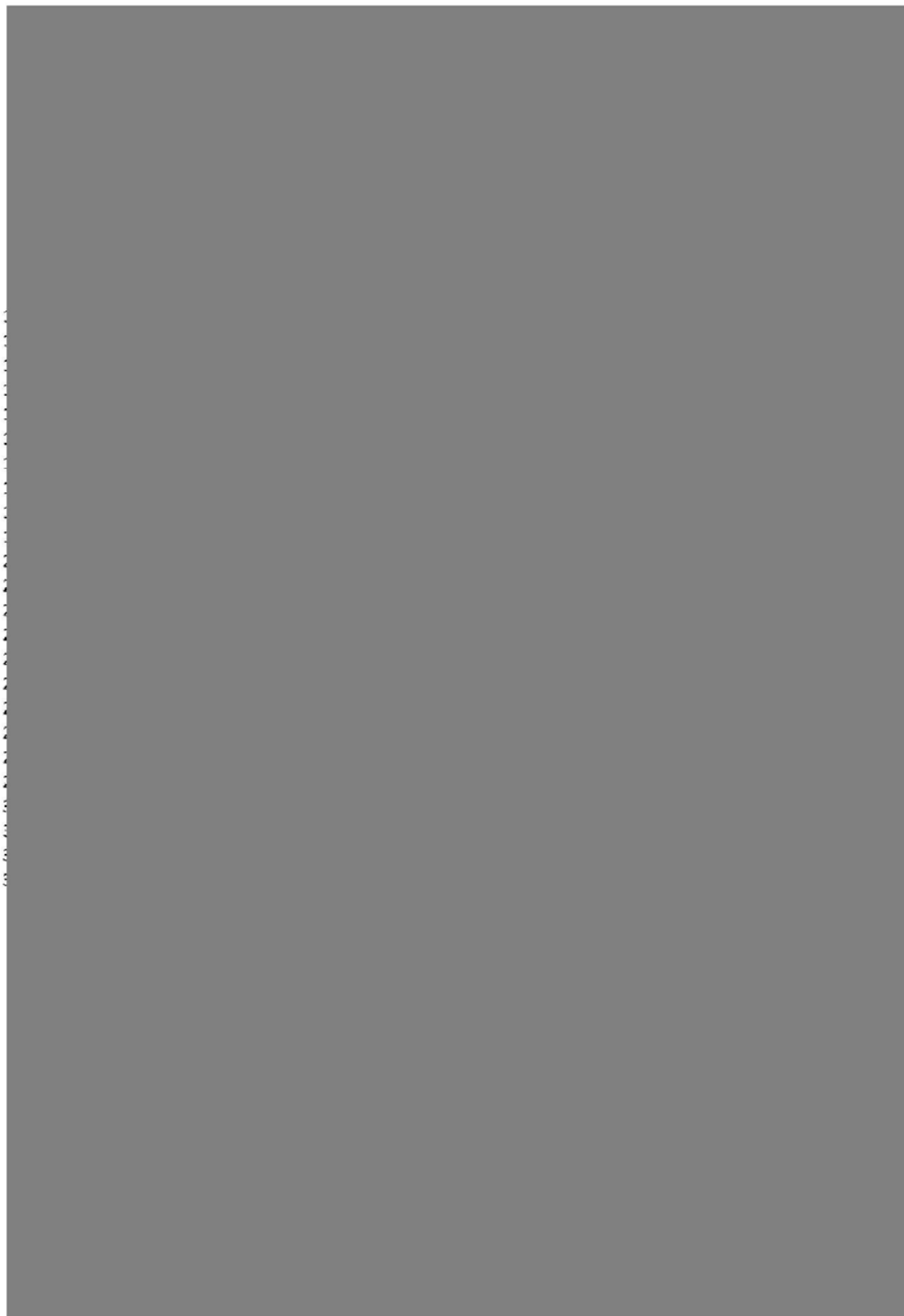
Check Request Form (*cont.*)

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.



Humphrey, Vera

From: Erl, Lisa
Sent: Tuesday, December 17, 2019 10:45 AM
To: Humphrey, Vera
Cc: Schoettle, Kari
Subject: Chicago Federation of Musicians Symphony MAC EM.DM 12.17.19
Attachments: Chicago Federation of Musicians Symphony MAC EM 1.23.18 (paper).pdf; Chicago Federation of Musicians Symphony MAC EM.DM 12.17.19.pdf

Hi Vera –

The attached is ready for Ellen's review and signature, if appropriate. Please note, the total contract value is indicated in the vendor 2 section. The previously reviewed contract is attached for reference.

Thank you,

Lisa

Lisa G. Erl
Administrative Assistant, Business Services
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
630-942-2232
erll630@cod.edu

From: Schoettle, Kari <schoettlek@cod.edu>
Sent: Tuesday, December 17, 2019 10:31 AM
To: Erl, Lisa <erll630@cod.edu>
Subject: Contract for approval - Chicago Federation of Musicians

Good Morning, Lisa.
From Ellen for Ellen Roberts approval/signature.
Thanks!
Kari

Kari Schoettle
Assistant Business Manager
McAninch Arts Center, College of DuPage
630-942-2914 | schoettlek@cod.edu

CONTRACT APPROVAL COVER SHEET

Contract Name: Community Symphony Orchestra Agreement/Chicago Federation of Musicians Contract 2020-21
 Requesting Department: The MAC Date Initiated: 12/16/2019
 Contact Name: Diana Martinez/Ellen McGowan Phone: 3007/3009
 Email Address: martinezd59@cod.edu/mcgowan@cod.edu

Vendor Name: Chicago Federation of Musicians Phone: 312-782-0063
 Vendor Contact: Leo Murphy Email: lmurphy@cfm10208.org
 Total Contract: \$ _____ Contract Dates: Start: 01/01/2020
 FY Budget \$ _____ End: 12/31/2021
 Vendor 1: Name Sole Source Quote: \$ _____
 Vendor 2: Name VARIABLE 3% Musician Paid Quote: \$ _____
 Vendor 3: Name 13.189% Pension (MAC Paid) Quote: \$ _____
 Contract Purpose: Union Contract for New Philharmonic Orchestra Members (Chicago Federation of Musicians, Local 10-208) to cover period: 01/01/20-12/31/21.

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.

Requester: Ellen McGowan Ellen McGowan
 Budget Mgr.: Ellen McGowan Ellen McGowan
 Dept. Adm.: Diana Martinez Diana Martinez

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to purchasing@cod.edu.

Purchasing Dept. Use Only
 Comments: **REVIEWED**
 By Lisa Eri at 10:43 am, Dec 17, 2019
 Approval Initials: _____

December 02, 2019

Paula Cebula, Orchestra Manager
New Philharmonic Orchestra
Mc Aninch Arts Center
425 Fawell Boulevard, #201
Glen Ellyn, IL 60137

Dear Paula,

It's time to renew your Community Orchestra Agreement for January 1, 2020 through December 31, 2021. The rates will remain the same as the last contract.

Rehearsal \$60.00
Performance \$80.00

The pension rate is now **13.189%**. Please make a note of this when preparing your work reports.

It is a pleasure to have your organization on board with the Chicago Federation of Musicians. Please feel free in giving me a call if there is anything I can do for you. Enclosed are two agreements. Sign one copy and return it to me keeping the second one for your files.

With best regards,



Leo Murphy, Vice President
Enc.

COMMUNITY SYMPHONY ORCHESTRA AGREEMENT

This agreement between the Chicago Federation of Musicians, Local 10-208 ("Union"), and **NEW PHILHARMONIC ORCHESTRA** ("Employer"), relates to musicians engaged by Employer on a concert-by-concert basis to complement and enhance the regular members of the orchestra ("Supplemental Musicians").

1. Each Supplement Musician will be compensated according to the applicable Union Wage Scale of eighty dollars (\$80.) for each performance and sixty dollars (\$60.) for each rehearsal for the performance. Payment for the concert and preceding rehearsal will be made within 8 days after the concert.
2. The Employer will adhere to all applicable Bylaws and work rules of the Chicago Federation of Musicians and the American Federation of Musicians of the United States and Canada.
3. The Employer's failure to comply with the terms of this Agreement will result in its termination effective upon written notice from the Union.
4. The Employer will deduct 3% work dues from the wages payable under paragraph (1) above and remit them to the Chicago Federation of Musicians, by check made payable to the Chicago Federation of Musicians within 8 days of the performance.
5. The Employer will contribute to the American Federation of Musicians' and Employers' Pension Fund (the "Fund") in accordance with the contribution schedule of the Rehabilitation Plan adopted by the Board of Trustees of the Fund on April 15, 2010 (the "2010 Rehabilitation Plan"), which is incorporated herein. The EMPLOYER shall pay the Fund an amount equal to Thirteen and one hundred eighty-nine thousandths percent (13.189%) on behalf of each Supplemental Musician of wages paid under paragraph (1) above. The Employer agrees to comply with the terms and conditions of the Agreement and Declaration of Trust Establishing the American Federation of Musicians and Employers' Pension Fund (as it may be amended from time to time), which is incorporated by reference into this Agreement. All contributions shall be paid by check payable to the Fund and sent to the Chicago Federation of Musicians no later than five days following the date of the performance for which contributions are made, along with a remittance form showing the Employer's name and address; the type of engagement; the engagement start and end date(s); and, for each musician for whom pension is paid, the musician's last name, first name and middle initial, social security number, wages paid, and pension contribution amount.
6. Recordings may be made only for archival or study purposes and only if the Employer executes a separate archival agreement provided by the Union. Any other recording or use of recorded material may be done only if it is in accordance with the terms and conditions of the applicable American Federation of Musicians agreement, which is expressly incorporated herein.

Revised 12/02/19

7. This Agreement shall commence on **JANUARY 1, 2020** and, is subject to the provisions of paragraph (3) above.

8. This agreement shall terminate on **DECEMBER 31, 2021**.

Community Symphony Name: **NEW PHILHARMONIC ORCHESTRA**

Address: **MC ANINCH ARTS CENTER 425 FAWELL BLVD. # 201**

City: **GLEN ELLYN** State: **IL** Zip **60137**



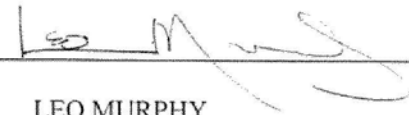
Ellen M. Roberts
Interim Vice President
Administrative Affairs

By: _____
PAULA CEBULA, MANAGER

Date: _____

Federal Not for Profit I.D. # _____

Chicago Federation of Musicians

By:  _____
LEO MURPHY
Vice-President

Date: **12-2-19**

P.S. Please be aware that a Standard Musical Services Contract and Pension/Work Dues report must be filed with Local 10-208 for all engagements using our members. Failure to do so, may result in the termination of your Community Symphony Orchestra Agreement.

Revised 12/02/19

"McGowan, Ellen" <mcgowan@cod.edu>

AFMP Check Request 1022.67

"McGowan, Ellen" <mcgowan@cod.edu>

Wed, May 4, 2022 at 09:56 PM GMT

CC:

BCC:

Please process the attached. 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

1 attachment

AFMEP New Philharmonic West Side Reg Pension 1022.67 Check Request Form 05-04-22.pdf