

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1088827

Vendor Name: Record-A-Hit, Inc.

Invoice Number: 221219

Invoice Date: 5/9/2022

PO Number:

Check Number: E0089617

Check Amount: \$ 3,800.00

Check Date: 05/10/2022

Voucher Number: V0738288

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: 5/9/22 Vendor ID: 1088827 Vendor Name: Record- A- Hit
 Payee Address: 1495 Tonne Rd, Elk Grove Village, IL 60007 Payment Due Date: 5/16/22

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
221219	01-30-12931-5309001	Contractual	3,800.00
Total			\$ 3,800.00

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:

Student Life End of Year Celebration

Other Instructions:

All requests will require the following approvals:

Requester: Jacqueline Rangel Gutierrez Digitally signed by Jacqueline Rangel Gutierrez
Date: 2022.05.09 08:17:50 -05'00' Print Name: Jacqueline Rangel
 Budget Officer: Chuck Steele Digitally signed by Chuck Steele
Date: 2022.05.09 08:45:10 -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.

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: 221299

PO No: Bass/Schuler

Contract Date: Mar 30, 2022

Event Starts: Fri, May 06, 2022

Contact Person

Jacqueline Rangel
Phone: (630)942-3733
Cell Phone: (623)326-2692

QUANTITY	ATTRACTIONS	TOTAL PRICE
Make Your Own		
1	Street Signs - Metal/Digital	\$2,000.00
Photo Magic		
1	Photo Magic - Snow Globe Photos	\$1,800.00

Order Subtotal: \$3,800.00

TOTAL: \$3,800.00

Amount Paid: \$0.00

Balance Due: \$3,800.00



Record-A-Hit Entertainment

1495 Tonne Road, Elk Grove Village, IL 60007
 Phone: 847.690.1100 | Fax: 847.690.1122
www.recordahit.com | 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

Jacqueline Rangel

Phone: (630)942-3733

Cell Phone: (623)326-2692

Email: rangelj7781@cod.edu

Order No: 221299

PO No: Bass/Schuler

Contract Date: Mar 30, 2022

Written By: Dipesh Kadakia

Event Starts: Fri, May 06, 2022 05:00 pm


Event Ends: Fri, May 06, 2022 07:00 pm

Delivery Method: Setup & Supervise

Occasion: College

Additional Notes

Photo Magic includes 100 snow globes.
 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 as a credit towards client's next event (must be before October 1st, 2022).
 DEADLINE TO RE-SCHEDULE IS MAY 4th AT 5PM.

Description	Size	Qty	Unit Price	Total
Make Your Own				
 Street Signs - Metal/Digital <i>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. https://recordahit.com/product/metal-street-signs-digitally-printed/</i>	10' x 10'	1	\$2,000.00	\$2,000.00
Photo Magic				
 Photo Magic - Snow Globe Photos <i>Requires 20 amp electricity & one 6' table. Includes Photos & 1 attendant. See quantity in notes. https://www.recordahit.com/product/photo-magic/</i>	8 x 6	1	\$1,800.00	\$1,800.00

Order Subtotal: \$3,800.00

TOTAL: \$3,800.00

Amount Paid: \$0.00

Balance Due: \$3,800.00

DocuSigned by:

Ellen Roberts

4/11/2022

BALANCE 100% DUE AT EVENT PRIOR TO SETUP. *within 60 days of event*
 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 45 DAYS AFTER EVENT DATE. *Net 60 Terms*
 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,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2022

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 Olivier-VanDyk Insurance Agency 2780 44th Street SW Wyoming MI 49519	CONTACT NAME: Melanie Peters	
	PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100	
	E-MAIL ADDRESS: certificates@ovdinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Cincinnati Specialty Underwriters Ins Co	13037
	INSURER B: Employers Mutual Casualty	21415
	INSURER C: EMCASCO Insurance Co.	21407
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 2025575699	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 INSD	SUBR WYD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CSU 0154611	7/31/2021	7/31/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6E14505	12/6/2021	12/6/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			484610807	7/14/2021	7/14/2022	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6H14505	12/6/2021	12/6/2022	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER	CANCELLATION
College of DuPage 425 22nd Street 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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - YOUR OPERATIONS (LIMITED)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
Any party for whom you are providing ongoing operations and the owner of the premises where the ongoing operations are being performed.

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, but only to the extent that the liability for "bodily injury, "property damage" or "personal and advertising injury" is caused only by your negligent acts, errors or omissions in the performance of ongoing operations for additional insured shown in the schedule.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of you or to any obligation of the additional insured to indemnify another because of damages arising out of such injury.
2. "Bodily injury", "property damage" or "personal and advertising injury" for which the Named Insured is afforded no coverage under this policy of insurance.

C. With respect to the insurance afforded to these additional insureds, **SECTION III - LIMITS OF INSURANCE** is amended to include:

The limits applicable to the additional insured are those specified in any agreement or in the Declarations of this Coverage Part, whichever is less. If no limits are specified in the agreement, the limits applicable to the additional insured are those specified in the Declarations of this Coverage Part. The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

D. With respect to the insurance afforded to these additional insureds, **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** is amended to include:

Any coverage provided herein will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless you have agreed that this insurance will be primary. This insurance will be noncontributory only if you have so agreed and this coverage is determined to be primary.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US - PER CONTRACT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to Paragraph **8. Transfer of Rights of Recovery Against Others to Us** of **SECTION IV - CONDITIONS**:

If you have agreed, in a written contract or agreement, to provide a waiver of any right of recovery against a person or organization, we will waive any right of recovery we may have against that person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to that person or organization for which you have agreed to in a written contract to provide said waiver.

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Check Request

"Rangel Gutierrez, Jacqueline" <rangelj7781@cod.edu>

Mon, May 9, 2022 at 01:54 PM GMT

CC:

BCC:

Jacqueline Rangel

Office of Student Life

Front Desk Specialist

College of DuPage

425 Fawell Blvd. Glen Ellyn, IL 60137

630.942.3733 | SSC 1217 | rangelj7781@cod.edu

1 attachment

Check Request RAH 5.6.22 CS.pdf