

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1718459

Vendor Name: Filecard Inc.

Check Details:

Check Number: E0106329

Check Amount: \$ 19,000.00

Check Date: 3/11/2025

Invoice Details:

Invoice Number: TR25-WATERSBAL

Invoice Date: 3/4/2025

PO Number: NULL

Voucher Number: V0875441

Document Type: AP Invoice

Document Below

"Schoettle, Kari" <schoettlek@cod.edu>

Filecard check request \$19000

"Schoettle, Kari" <schoettlek@cod.edu>

Wed, Mar 5, 2025 at 05:37 PM UTC

CC:

BCC:

Please process. Thank you.

Kari Schoettle

Project Manager

McAninch Arts Center, College of DuPage

630-942-2914 | schoettlek@cod.edu

1 attachment

Filecard John Waters balance 19000 ksmjdmsw.pdf

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 2.21, Vendor Payment.

Date: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

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:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

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.

FILECARD, INC

10 W. Highfield Rd., Baltimore MD 21218
410 235 4400 • filecards@filecards.net

Contract Date: 12/15/2023

Contract No. 8004

Sponsor: College of DuPage, Glen Ellyn, IL

Agent: Trish Schweers

Title of Show: TBC

March 16, 2025 (Hairspray Live Commentary) at MAC Arts Center @ 3PM
March 17, 2025 (Master Class) at place TBD @ time TBD

Fee \$25,000 USD plus \$500.00 per diem

(All fees are Confidential except as may be required by law, including without limitation the California Public Records Act.

Fees are Net Exclusive of Any State & Local Taxes and are to be paid in U.S. Dollars Only to FILECARD, INC., Federal ID # 52-1930135)

25% Deposit Due Upon Signing of Contract. Balance due day of 03/16/2025 show.

TECHNICAL RIDER: See Attached

If for any reason, this contract is cancelled by SPONSOR less than sixty (60) days before the event, for any reason other than an act of God or mutual consent, SPONSOR agrees to pay FILECARD, INC. 50% of the full fee as noted above in "Fee". In the event of cancellation due to means of transportation, riots, strikes, illness, epidemic, pandemic or an act of God, both parties will attempt to reschedule the performance to a mutually agreeable date and time. If no rescheduled date and time can be agreed upon, both parties shall be relieved of all responsibilities for the agreement. Individuals acting on behalf of SPONSOR or ARTIST, other than the named SPONSOR, are not personally liable for performing any terms of this agreement, except that they warrant and represent their authority to sign on behalf of the above SPONSOR and ARTIST. All changes, additions, and deletions to this written agreement must be initialed and dated by both parties. Riders annexed constitute an integral part of this agreement.

Contact Name: VP of Finance - Ellen Roberts **phone:**

E:Mail:

Other contact: Diana Martinez, martinezd59@cod.edu **phone:** 630.942.3001

Michelle Moore, memoore45623@gmail.com, **phone:** 630.362.8995

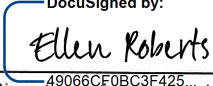
Airport: Chicago O'Hare ORD

Distance to Hotel/Venue:

Hotel:

DocuSigned by:

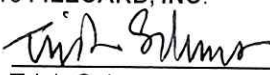
PLEASE SIGN AND RETURN ALL COPIES TO FILECARD, INC.


49066CF0BC3F425...
(Signature of authorized representative of SPONSOR)

Ellen Roberts

(Print Signature)

Date Agreed and Accepted 2/29/2024



Trish Schweers
Assistant to JOHN WATERS
On behalf of FILECARD INC (ARTIST)

Date Agreed and Accepted 12/15/23

JOHN WATERS TECHNICAL RIDER

DESIGNATED PERSON

At least one person MUST be designated by the SPONSOR to coordinate and ensure RIDER is followed. (As a reminder of these requirements, a phone call or email message will be sent to the Event Coordinator on the day of the scheduled speaking engagement.)

VENUE REQUIREMENTS:

1) For Live Film Commentary, please have a chair with a back (not a stool) and a side table with a bottle of Evian water, cap loosened. Please have a hand-held or cordless microphone (no lavalier mic), turned on and handed to JW by Stage Manager as he enters stage.

Please provide a monitor that John can see from his seat on stage, viewing the film in real time, so he doesn't have to turn his back to the audience or crane his neck to see the images on the main screen.

2) John does not need a podium when he is speaking or doing live film commentary. If a previous speaker requires one, it is requested that the podium be set to the side of the stage.

3) For post-show Group Therapy, if this is scheduled, have a chair with a back (not a stool). Have a hand-held or cordless microphone (no lavalier mic), turned on and handed to JW by Stage Manager as he enters stage.

4) BILLING: Unless otherwise approved by Filecard, Inc., the lecture shall be billed as "John Waters Live with Hairspray Movie" March 16, and "In Conversation with John Waters" March 17.

5) ANNOUNCEMENT: AT EVENT TIME, the VENUE SHALL DIM THE LIGHTS AND MAKE THE ANNOUNCEMENT:

**"There is to be absolutely no videotaping, audio taping or photography of any kind permitted during the performance. This includes cell phones equipped with cameras or any electronic device with audio, video or photographic capability.
AND NOW LADIES AND GENTLEMEN, JOHN WATERS"**

6) GREEN ROOM: JOHN WATERS must have a minimum 45 minutes down time prior to the lecture in a quiet /greenroom with private bathroom access. The green room *must* include a mirror, box of Kleenex, several bottles of Evian water, healthy light finger food snacks, ~~a chilled and open bottle of white wine (Sauvignon-Blanc is preferred), beer, with opener,~~ and sparkling water and glasses for post-show guests during their visit.

7) GROUP THERAPY SESSION (Premium Ticket/ Add On Event): IF AGREED UPON, after the performance. John will return onstage for a 15–20-minute Q&A with up to 50 people. Please have a chair with a back for him and a cordless mic.

HOW IT WORKS:

This is a Premium Ticket or ADD-ON EVENT. Pre-signed items (books, magazines, pre-approved posters for this event only) may be included in this package. The GROUP THERAPY audience remains in the venue when general audience is cleared. VIP can move into seats closer to the stage. GROUP THERAPY guests may photograph John as he speaks during this session, unlike during his show, but most prefer the FINAL PHOTO OP where each guest lines around the rim of the stage and takes a selfie with John in the background as he points to each one.

8) GUEST LIST for 10 people will be provided to John Waters. Guests will be instructed to pick up their tickets as WILL CALL and if John wishes to meet with them after the show, the guests make their way to the stage at the end of the performance to be directed to visit with John after the show and before GROUP THERAPY session (if applicable). If unused, these tickets will be released to the sponsor for sale 48 hours ahead of the performance.

PRESS:

Two press interviews will be granted by JOHN WATERS prior to the date of the appearance(s). Any additional press requests or additional activities must be approved by JOHN WATERS through FILECARD, INC. No press interviews on the day of the performance. Press release or announcements of show and any customized posters should be previewed by JOHN WATERS for approval.

TRAVEL, LODGING AND PER DIEM:

1) Sponsor shall be responsible for First Class air travel with NON-STOP flights when available or First Class Acela train. (In the event that first class air service is not provided in your area, a fully-refundable, unrestricted business or coach class seat may be considered as an alternative.) If there are connecting flights there must be at least 60 minutes for that to happen on domestic flights.

In the case of an agreed travel buyout, Filecard Inc will purchase John's airfare.

2) All ground transportation door-to-door, to and from airports/train stations and while on site shall be provided and in accordance with travel itinerary, timings to be approved by John Waters. At arriving airports someone must meet JOHN WATERS inside the baggage claim area with a name sign. Driver should text JOHN WATERS when they are on site.

3) Early hotel check-in must be guaranteed when arrival at hotel will be before official check-in time, usually is 2:00 PM. Hotel room must have internet capability, a bathtub, and room-service available during the day.

4) Per Diem allowance of \$250.00 each day will be added to all dates for incidental expenses.

COVID-19 SAFETY:

Venues must follow health and safety protocols related to Covid-19. Staff at venue for the performance should be vaccinated and wear masks indoors. Audience should be notified that this show encourages masks to be worn even if the venue does not require them.

RIGHT OF CANCELLATION:

JOHN WATERS retains the right to cancel the agreement in the event of film production or post-production. SPONSOR will be given as much advance notice as possible and FILECARD INC. will try to reschedule the engagement as quickly as possible with no price increase or any penalty to JOHN WATERS or FILECARD INC.

DEPOSIT REFUND:

In the event that the appearance is cancelled by John Waters, and is not rescheduled by agreement of both parties for a later date, a full refund of the 25% deposit paid will be made to the sponsoring organization(s).

DocuSigned by:



(Signature of authorized representative of SPONSOR)

Ellen Roberts

(Print Signature)

2/29/2024



Trish Schweers

Filecard Inc.

on behalf of JOHN WATERS

Addendum 1

Since John speaks all about his career during his lecture, he asks that any introduction to him before he gets on stage be very brief. There is no need to go through his entire career listing his movies and accomplishments.
"Ladies and Gentlemen, John Waters!" is perfect intro.

RUNNING ORDER

Agreed format for College of DuPage

Sunday March 16, 2025

Screening of Hairspray with Live Director Commentary

3:00 pm at Arts Center - Screening of Film with Live Commentary

4:30 pm – Q & A with Audience

5:00 pm VIP reception for 20 people.

Safely distanced, no cheek-to-cheek selfies. Photo Op to be discussed.

6:00 pm event concludes

Monday March 17, 2025

Time and place TBD Master Class with small group of film students

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
John Waters

2 Business name/disregarded entity name, if different from above
Filecard, Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
10 W Highfield Road

6 City, state, and ZIP code
Baltimore, MD 21218

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
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or

Employer identification number

5	2	-	1	9	3	0	1	3	5
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► *John Waters* Date ► **12/15/23**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.