

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1573293

Vendor Name: MTI Enterprises Inc,D/B/A Music Theatre International

Check Details:

Check Number: 0344281

Check Amount: \$ 475.00

Check Date: 9/30/2025

Invoice Details:

Invoice Number: MTI0741808

Invoice Date: 9/23/2025

PO Number: NULL

Voucher Number: V0904769

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: _____ 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.

BROADWAY CONCERT LIBRARY**COMPLETE THIS COPY AND RETURN TO MTI**

Your MTI Rep: NICOLE MURPHY

Your MTI Account Number: 0016527

Contract #: 0741808 Printed on: 09/04/25

Licensee:

NEW PHILHARMONIC/ARTS CENTER AT COLLEGE OF DUPAGE

ATTN.:

1040 Ridge Rd

Munster, IN 46321-1876

TELE#: 219-836-0525 FAX:

E-MAIL: BEN.NADEL9@GMAIL.COM

Contract Issue Date: 09/04/25

Performance Dates: 12/31/25 - 12/31/25

Total # of Performances: 3

Expected Ship Date: 09/04/25

Via: ECONOMY

Shipping Address: BEN NADEL

PLEASE CONFIRM SHIPPING ADDRESS

425 FAWELL BLVD

GLEN ELLYN, IL 60137-6708

QUANTITY	SELECTIONS	RENTAL FEE	TOTAL
1	SOMEONE LIKE YOU	175.00	175.00
2	SOMEONE LIKE YOU	100.00	200.00
TOTAL RENTAL ----->			375.00
REFUNDABLE DEPOSIT ----->			100.00
TOTAL DUE PRIOR TO RELEASE OF SHIPMENT ----->			475.00

The MTI Broadway Concert Library agrees to rent you the parts and full score (or conductor's score) for the above works, according to the terms and conditions included with this contract.

You will be billed for all shipping charges. Shipping charges will be automatically deducted from your security deposit.

Shipment is made by Ground service unless otherwise instructed. Canadian and overseas shipments are by most efficient carrier, unless otherwise instructed.

ACCEPTANCE

By signing below, you agree that you have read and that you understand the terms and conditions set forth in this Concert Song Rental Agreement and agree to abide by terms and conditions contained therein.

PRINT YOUR NAME Ellen Roberts SIGNED BY: Ellen Roberts TITLE Vice President, Admin. Affairs
 AUTHORIZED SIGNATURE Ellen Roberts DATE 9/23/2025
 DAYTIME TELEPHONE _____ EMAIL _____

CNC_MTI_23_0

YOU MUST COMPLETE AND RETURN THIS PAGE WITH PAYMENT

BROADWAY CONCERT LIBRARY**LICENSEE COPY**

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PRINT YOUR NAME Ellen Roberts Signed by: Ellen Roberts TITLE Vice President, Admin. Affairs
 AUTHORIZED SIGNATURE 49066CF0BC3F425... DATE 9/23/2025
 DAYTIME TELEPHONE _____ EMAIL _____

CONTRACT CONFIRMATION

COMPLETE THIS COPY AND RETURN TO MTI

Your MTI Rep: NICOLE MURPHY
Your MTI Account Number: 0016527
Contract #: 0741808 Printed on: 09/04/25

CONCERT SONG RENTAL AGREEMENT - TERMS AND CONDITIONS

1. **You agree to pay the rental fees** listed on the other side of this form in U.S. funds upon signing this agreement.
 2. **You also agree to pay the refundable deposit** listed on the other side of this form. When you return the rented materials to MTI we will refund the deposit amount after subtracting any shipping charges, missing or damaged material fees, late charges, and any outstanding account obligations.
 3. **You may not insert or delete music or lyrics, make changes to the arrangements and/or make any other changes whatsoever** without prior written consent from MTI on behalf of the copyright holder.
 4. **You may not record, reproduce, videotape, broadcast or disseminate in any way, including electronic posting and transmission on the Internet**, any portion of your concert performance(s), and you may not reproduce, sell or disseminate by any method whatsoever the rented materials without prior written permission from MTI on behalf of the copyright holder.
 5. **You must report** the performances of each rented work to the appropriate performing-rights society (ASCAP, BMI, or SESAC) and supply them with two copies of your program listing each selection. In the concert program you must credit the composer(s) and lyricist(s). When you return the materials to MTI you must include 2 (two) copies of the concert program for our records.
 6. **Seven (7) days** after the last performance indicated on this agreement you must return all the rented materials to us in the same condition in which you received them, by prepaid express, insured for at least \$400. MTI will collect an additional \$10 for each day that you retain the materials beyond seven days after the final performance. You assume responsibility for the condition of the materials while in your possession and during transit and agree to pay MTI for any necessary repairs or for replacement value if the materials are lost.
- Return all materials to:**
MTI Music Library
31A Industrial Park Road
New Hartford, CT 06057
Tel: (860) 379-3320
7. **Cancellation Policy:** If you cancel your order before we have shipped the materials to you, no charges will be incurred. If you cancel the order after we have shipped the materials you will be charged the full rental fees for the works in question.
 8. **You agree to pay all transportation charges** both ways for the rented materials, plus any other expenses, including but not limited to taxes, brokerage and customs charges we incur in shipping the materials.
 9. **MTI makes no representation** as to the suitability of the rented materials for your needs, or as to the condition of the materials.
 10. **You may not amend, assign or transfer** this agreement without MTI's written consent and may not use or allow the use of the materials for any performances other than the ones described on the reverse of this form.
 11. The agreement shall be governed by the laws of the state of New York.

PAYMENT

You will be billed for all shipping charges. Shipping charges will be automatically deducted from your security deposit.

☐ **CHECK or MONEY ORDER** (No personal checks accepted. Make payable to MUSIC THEATRE INTERNATIONAL)

☐ **CREDIT CARD:** ☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS**

Card Number: _____ Exp. Date _____

Name on Card: _____

Signature: _____ Amount: _____

PLEASE NOTE: ANY REFUNDS ISSUED ON CREDIT CARD PAYMENTS WILL BE PAID TO THE ORGANIZATION BY CHECK

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PRINT YOUR NAME Ellen Roberts Signed by: TITLE Vice President, Admin. Affairs
AUTHORIZED SIGNATURE *Ellen Roberts* 49066CF0BC3F425... DATE 9/23/2025
DAYTIME TELEPHONE _____ EMAIL _____

YOU MUST COMPLETE AND RETURN THIS PAGE WITH PAYMENT

CONTRACT CONFIRMATION

LICENSEE COPY

Your MTI Rep: NICOLE MURPHY
Your MTI Account Number: 0016527
Contract #: 0741808 Printed on: 09/04/25

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 4. **You may not record, reproduce, videotape, broadcast or disseminate in any way, including electronic posting and transmission on the Internet**, any portion of your concert performance(s), and you may not reproduce, sell or disseminate by any method whatsoever the rented materials without prior written permission from MTI on behalf of the copyright holder.
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 9. **MTI makes no representation** as to the suitability of the rented materials for your needs, or as to the condition of the materials.
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PAYMENT

You will be billed for all shipping charges. Shipping charges will be automatically deducted from your security deposit.

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Card Number: _____ Exp. Date _____

Name on Card: _____

Signature: _____ Amount: _____

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PRINT YOUR NAME Ellen Roberts TITLE Vice President, Admin. Affairs
AUTHORIZED SIGNATURE Ellen Roberts DATE 9/23/2025
DAYTIME TELEPHONE _____ EMAIL _____

YOU MAY KEEP THIS PAGE FOR YOUR RECORDS

CONCERT LIBRARY
LICENSEE COPY

Your MTI Rep: NICOLE MURPHY
Your MTI Account Number: 0016527
Offer Number: 0741808

ORCHESTRATION LIST

SOMEONE LIKE YOU

1 Wood Wind(Flute, Alto flute), 1 Wood Wind 2(English horn), 1 Wood Wind 3(Clarinet), 1 Wood Wind 4(Bassoon),
1 Trumpet, 1 Horn, 1 Trombone, 17 Violin 1&2, 7 Viola, 6 Cello, 5 Electric Bass, 3 Percussion 1&2(Chimes, Drum set,
Mark tree, Sus cymb, Timp), 1 Keyboard 1(Piano), 1 Keyboard 2(Strings), 1 Keyboard 3(ju-1080 Moving glass pr-c084),
1 Full Score, 1 Vocal

**Request for Taxpayer
Identification Number and Certification**

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

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) MTI ENTERPRISES INC.		
	2 Business name/disregarded entity name, if different from above. dba MUSIC THEATRE INTERNATIONAL		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 423 W 55th STREET FLOOR 2	Requester's name and address (optional)	
6 City, state, and ZIP code NEW YORK, NY 10019			
7 List account number(s) here (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

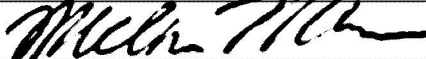
Social security number									
			-				-		
or									
Employer identification number									
1	3		-	2	9	7	6	4	8

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 	Date 1/2/2025
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Check Request - MTI Enterprises \$475.00

"Sharbaugh, Linda" <sharbaughl@cod.edu>

Tue, Sep 23, 2025 at 09:28 PM UTC

CC:

BCC:

Attached for processing. Thank you!

Linda Sharbaugh

McAninch Arts Center, College of DuPage

sharbaughl@cod.edu | 630-942-3009

pronouns: she/her

1 attachment

Check Request MTI Enterprises 475.00 lsmj.pdf