

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1089062 **Vendor Name:** Rosati's Pizza - Wheaton

Check Details:

Check Number: 0354001 **Check Amount:** \$ 296.71 **Check Date:** 6/30/2026

Invoice Details:

Invoice Number: 1274 **Invoice Date:** 6/24/2026 **PO Number:** NULL
Voucher Number: V0944158

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 2.21, Vendor Payment.

Date: 6.24.26 Vendor ID: 1089062 Vendor Name: Rosati's Pizza - Wheaton
 Payee Address: 1287 Butterfield Rd., Wheaton, IL 60187 Payment Due Date: 6.30.26

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
1274	01-20-00425-5501002	Dean-STEM	\$296.71
Total			\$ 296.71

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:

STEM Connect celebration

Other Instructions:

All requests will require the following approvals:

Requester: Edmondson, Brittney Digitally signed by Edmondson, Brittney
Date: 2026.06.24 12:14:17 -05'00' Print Name: _____
 Budget Officer: Kate Szetela Digitally signed by Kate Szetela
Date: 2026.06.25 08:25:53 -05'00' Print Name: _____

Requests \$10,000 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 \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 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

Barrios, Isabel

From: Order Receipt <noreply@yourwebreceipt.com>
Sent: Tuesday, June 23, 2026 3:59 PM
To: Edmondson, Brittney
Subject: [External] Your Order Receipt

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Receipt from Rosati's Pizza - Wheaton

Order #1274

Restaurant Information

Rosati's Pizza - Wheaton
1287 E Butterfield Rd
Wheaton, IL 60189
Phone: 630-682-3442

Customer Information

Britney Edmondson
425 Fawell Blvd
Glen Ellyn, IL 60137
Phone: 630-942-2006

Order Information

Order #: 1274
Order Type: Delivery
Order Time: 06-23-2026 03:46 PM
Deferred for: 06-29-2026 11:45 AM

Payment Information

There are no payments for this check.

Order Summary

X:Large 18" \$23.99

Thin

18" Vegetarian Choice \$37.99

* *GREEN PEPPER*

* *MUSHROOM*

* *BLACK OLIVE*

.....

X:Large 18"

\$23.99

Thin

****HALF****

::*sausage*

\$1.80

****HALF****

::*pepperoni*

\$1.80

.....

.....

1/2 Tray Mostaccioli

\$40.99

Marinara

.....

Full Tray Garden SLD

\$55.99

Mixed Dressings

ranch italian french

.....

.....

20x Cheesecake

\$139.80

Strawberry

20x RASPBERRY

20x CHOCOLATE

20x ASSORTMENT IN TRAY

.....

.....

.....

10% Off

\$0.10

.....

.....

Order Totals

Sub-Total:	\$293.71
Tax:	\$0.00
Delivery Charge:	\$3.00
Total:	\$296.71
Card Balance	\$296.71
Cash Balance	\$296.71

This is a system generated email by an unmonitored inbox; please do not reply. If you have any questions, please contact us by phone at 630-682-3442 .

College of DuPage

FOOD SERVICE WAIVER REQUEST FORM

Today's Date: 6.17.26

Type of Group: Staff / Division
(Faculty/Staff/Student/Community)

Date of Event: 6.29.26

Time of Event: 10:30am-1:30pm

Your Name: Brittney Edmondson

Name of Group: College of Dupage STEM office

Name of Contact Person: Kate Szetela / Brittney Edmondson

Phone Number: ext. 4076/ ext. 2006

Address: 425 Fawell Blvd., Glen Ellyn, IL, 60137

Berg Instructional Center BIC 2E06

Name & Description of Event: STEM Connect Celebration

To celebrate our April event and the faculty who assisted

Description of Food/Beverage Needs:

We will need 3-4 pizza's, a mixed salad, and possible pasta to include everyone's dietary needs.

What portion of the needs listed above can be provided by Dining Services?

None

Explain the reason why Dining Services cannot meet all of your needs:

Due to time constraints with lead time necessary to cater from Sodexo

All outside caterers to be utilized must submit ONE month prior to the event, a copy of the following articles:

1) County Health Department permit, 2) State or Federal sanitation certification, permit or license, 3) Certificate of insurance maintained by the caterer listing the College as the certificate holder, an additional insured, and must be accompanied by an endorsement page. Any certificate of liability insurance not meeting these requirements must be approved by Risk Management. This approval must be included with the waiver, 4) Business License, and 5) Menu, portion, and pricing quotation for the event.

All beverages served, sold, distributed, supplied or donated in connection with any event at College of DuPage shall be exclusively brands distributed by Pepsi-Cola unless specifically authorized in writing by the Director of Business Affairs.

All expenditures for outside caterers must be contracted through an authorized purchase order prior to the event. A copy of the approved waiver form must be submitted with the requisition. Expenses for non-perishable food (not requiring heating or chilling for health reasons) that do not exceed \$400 per event are exempt from food waivers.

(For Dining Services Use Only)

Approved: ☒

Denied: ☐

Comments:

Magda Ogrodny
Signature of Catering Manager

Magda Ogrodny
Signature of Director Business Affairs

REVIEWED
By Kelly Griffey at 3:20 pm, Jun 17, 2026

rv(12/08/2025)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/17/2026

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 Ashraf F Gerges 21298 4075 Fox Valley Center Dr Unit 4 Aurora, IL 60504-0000		CONTACT NAME: Ashraf F Gerges 21298 PHONE (A/C, No, Ext): 630-898-3750 FAX (A/C, No): 630-898-3841 E-MAIL ADDRESS: ashraf.gerges@countryfinancial.com PRODUCE CUSTOMER ID:		
INSURED 0004628214 ROSATIS OF BUTTERFIELD INC 1287 BUTTERFIELD RD WHEATON, IL 601898809		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : COUNTRY Mutual Insurance Company		20990
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER:

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	☒		AM9305395	06/11/2026	06/11/2027	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	☒		AM9305395 Covered on BusinessOwners	06/11/2026	06/11/2027	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$ ☐						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AW9305406	06/11/2026	06/11/2027	☒ WC STATUTORY LIMITS ☐ OTHER	
	E.L. EACH ACCIDENT						\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 100,000	
	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)

WORKERS COMPENSATION EXCLUSIONS:

PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY ENDORSEMENT.

POLICY INFORMATION:

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE INCLUDED IN THE EACH OCCURRENCE LIMIT AND GENERAL AGGREGATE LIMIT OF THE GENERAL LIABILITY.

CONTINUED

CERTIFICATE HOLDER

CANCELLATION

COLLEGE OF DUPAGE 425 FALWELL BLVD GLEN ELLEN, 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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY		INSURED 0004628214 ROSATIS OF BUTTERFIELD INC 1287 BUTTERFIELD RD WHEATON, IL 601898809
POLICY NUMBER AM9305395		
CARRIER	NAIC CODE	
EFFECTIVE DATE: 06/17/2026		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSURED(S):
COLLEGE OF DUPAGE
425 FALWELL BLVD
GLEN ELLEN, IL 60137

DuPage County Health Department

Environmental Health Services

LICENSE/PERMIT

to operate an Annual Category I Food Establishment issued to:

ROSATI'S PIZZA OF WHEATON INC.

1287 E BUTTERFIELD RD

WHEATON, IL 60187

PERMIT NUMBER: PR0001238

EXPIRATION DATE: 4/30/2027

This license is to be posted at all times in a location visible to patrons.

The responsibility for maintaining the license rests with the operator. This license is not transferable.



Adam Forker
Executive Director



**DUPAGE COUNTY
HEALTH DEPARTMENT**
Everyone. Everywhere. Everyday

DO NOT ACCEPT UNLESS THIS DOCUMENT IS PRINTED WITH A COLOR PANTOGRAPH, CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDER



BUSINESS LICENSE

MISC FOOD DEALER

LICENSE EXPIRES 12/31/2026

License Number
85

In pursuance of authority, and subject to the ordinances, and regulations in force and relating thereto,
License is hereby granted to:

ROSATIS OF BUTTERFIELD INC
DBA ROSATIS PIZZA
1287 E BUTTERFIELD RD
WHEATON, IL 60189-8809

PAID: \$25.00

ISSUED: December 05, 2025

Andrea Raudale

City Clerk

Michael J. J...

City Manager

This license is not transferable and must be publicly displayed at the premises listed.

ServSafe
National Restaurant Association

ServSafe Allergens® Certificate of Achievement

Awarded to

NIKOLLA JANO

Provided by the **National Restaurant Association**



©2015
ANSI Z39.5
Certificate Issuer

Certificate Number 6669575 Date 10/19/2023

Expiration Date 10/19/2026

A handwritten signature in cursive script, reading "Sherman Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If all of the information is correct, you may print and visibly display at the business listed. Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
ROSATIS OF BUTTERFIELD INC		
		Loc. Code: 022-0001-5-001
		Wheaton
		DuPage County
1287 BUTTERFIELD RD WHEATON IL 60189-8809		
Expiration Date: 7/1/2026	Certificate of Registration Sales and use taxes and fees	(4359-2661)
		 ILLINOIS REVENUE <i>[Signature]</i> Director
OFFICIAL DOCUMENT	Issued Date: 05/03/2025	

"Barrios, Isabel" <barriosi142@cod.edu>

Attached Image

"Barrios, Isabel" <barriosi142@cod.edu>

Mon, Jun 29, 2026 at 06:31 PM UTC

CC:

BCC:

1 attachment

1316_001.pdf