

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1605390

Vendor Name: IRON LIGHT

Check Details:

Check Number: 0340055

Check Amount: \$ 12,250.00

Check Date: 6/17/2025

Invoice Details:

Invoice Number: HOKUSAI-VIDBAL

Invoice Date: 6/1/2025

PO Number: NULL

Voucher Number: V0889266

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: _____ 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 \$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

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.



STATEMENT OF WORK

Effective Dates

February 12, 2025– May 15, 2025

Project

Hokusai Animation Video

Purpose of Statement of Work

This Statement of Work ("SOW") outlines the general scope of the above-named Project (hereinafter referred to as the "Project") based on discussions to date. Its main objective is to ensure that both the Client and Consultant agree upon the scope, budget, and schedule of the Project prior to commencing work on initial or subsequent stages.

The Client is urged to ensure that all details contained within this SOW meet the Project's requirements before the Services agreed upon herein commences. If the nature and scope of the Project changes, costs and timings may need to be revised and detailed in a change order ("Change Order") in a form substantially similar to the attached Schedule A. Change Orders shall be proposed by Client and must be approved by Consultant.

This SOW is made subject to, and governed by, the terms and conditions of the Master Services Agreement between the Client and Consultant dated June 13, 2022.

All terms beginning with a capital letter in this SOW have the same meaning as in the MSA, unless otherwise defined herein. If there are any conflicts in the terms of the MSA and this SOW, the terms in the SOW will govern.

1. Project Scope

Iron Light will create one up to 8 minute video on the artist Hokusai. Services include:

- Project creative development
- Planning & logistics
- Editing + Post-Production Supervision
- Design + Animation
- Music and Sound Mixing
- Color & Finishing

A fine cut will be delivered to the client for review. One round of revisions will be made and the final cut will be delivered to the client by May 15, 2025.

2. Payments.

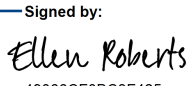
The total cost is \$24,500. Iron Light will invoice 50% of the cost upon contract signing (\$12,250) and 50% upon the final cut being delivered to the client (\$12,250).

Not withstanding other conditions in the Master Service Agreement, all payments are due by ACH transfer or bank wire within 15 days of invoice.

3. This Agreement.

This Agreement, together with the MSA, constitutes the entire Agreement between Consultant and the Client regarding this Project. Any changes or modifications thereto must be in writing and signed by both parties. This Agreement will commence upon the Effective Date and will remain effective until the Project is completed and delivered. The Parties have executed and delivered this SOW as of the date last written below.

CLIENT College of DuPage

SIGNATURE	Signed by: 	DATE	2/24/2025
	40066CF0BC3F425...		
PRINTED NAME	Ellen Roberts	TITLE	Vice President, Admin. Affairs

CONSULTANT

SIGNATURE	DATE
PRINTED NAME	TITLE

"Junokas, Molly" <junokasm@cod.edu>

Check Request - Iron Light

"Junokas, Molly" <junokasm@cod.edu>

Mon, Jun 2, 2025 at 07:08 PM UTC

CC: Schoettle, Kari <schoettlek@cod.edu>

BCC:

Good afternoon,

Please process.

Thank you,

Molly Junokas

Business Manager

McAninch Arts Center, College of DuPage

junokasm@cod.edu | 630-942-2938

she/her

1 attachment

Iron Light check request 12250 balance ksmjdm.pdf