

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1207123 **Vendor Name:** DUPAGE COUNTY

Check Details:

Check Number: 0346629 **Check Amount:** \$ 156,606.72 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: 25DEDIRS003 **Invoice Date:** 9/19/2025 **PO Number:** P0018195 **Voucher Number:** V0913957

Document Type: AP Invoice

Document Below

Emergency Telephone System Board of DuPage County

421 N. County Farm Road
Wheaton, IL 60187
(630) 550-7743

Equipment Invoice

Date
9/19/2025
Invoice #
25DEDIRS003

Bill To

Agency Name: College of DuPage Police Dept.
Address: Homeland Security Education Center
City: 22 E. 22nd Street
Wheaton, IL 60189

Terms
Local Government Prompt Payment

QUANTITY	DESCRIPTION	RATE	AMOUNT
24	Portable Radio - APXNext	6,485.28	155,646.72T
2	Multi Charger - APXNext	480.00	960.00T
8	Single Charger - APXNext	0.00	0.00T
	Agency was provided 12 SCUs for a total of 24 charging ports Per Sales Contract 25DEDIRS001		
	Sales Tax	0.00%	0.00
	See Attached detail for cost breakdown		
Total			\$156,606.72



Make checks payable to: Emergency Telephone System Board of DuPage County

"Munsterman, Kent" <munsterm@cod.edu>

FW: ETSB Invoice

"Munsterman, Kent" <munsterm@cod.edu>

Mon, Nov 10, 2025 at 06:07 PM UTC

CC:

BCC:

Good afternoon, AP Team,

Can you advise if the attached invoice was submitted for payment?

Thanks,

Kent

From: Munsterman, Kent
Sent: Monday, October 27, 2025 9:41 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: ETSB Invoice

Good morning, AP Team,

Please submit the attached invoice for payment.

Respectfully,

Kent

Kent Munsterman | Chief of Police

(O) 630 942-3975, (C) 630 606-4164, (F) 630 942-3922

425 Fawell Blvd., Glen Ellyn, IL

2 attachments

Invoice 25DEDIRS003.pdf

image001.png

**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.) DuPage County		
	2 Business name/disregarded entity name, if different from above. Emergency Telephone System Board of DuPage County (ETSB)		
	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 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 checked="" type="checkbox"/> Other (see instructions) Government Entity		
	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"/> <i>(Applies to accounts maintained outside the United States.)</i>		
	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) _____		
5 Address (number, street, and apt. or suite no.). See instructions. 421 N County Farm Road		Requester's name and address (optional)	
6 City, state, and ZIP code Wheaton, IL 60187			
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								
3	6	-	6	0	0	6	5	5
								1

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 05/22/24
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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