



University Payables Use Only: Reviewed by _____

UI Department Requesting Information

Today's Date 4/18/25

U of I Department name Council on Teacher Education

Contact Person Leslie Ellis

Phone Number (217)333-2804

Email contracts@cote.illinois.edu

University: ☐ Chicago ☐ Springfield ☒ Urbana/Champaign

☒ New 2nd Party ☐ Update Existing 2nd Party

No Fund/Receivable Contract Only*

*If there is any possibility the University will pay the 2nd Party in the future,
please use the [Vendor Information Form](#)

Second Party Information Form

Select one: ☐ Individual ☒ Legal Entity (e.g. Corporation, Sole Proprietor, LLC, etc)

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business)
Minooka Community High School District 111

Doing Business as: (if applicable) _____

Permanent Residence/Legal Entity Address 201 S. Wabena Ave

City Minooka State/Province Illinois Zip/Postal Code 60447

Country United States Phone 815-467-2557 Fax _____

Legal Entity Contact Name Dr. Phil Pakowski Phone 815-521-4384 Email ppakowski@mchs.net

Certification and Signature

Documents must be signed and dated – form is not valid until signed and dated.

I certify that the information contained herein is correct.

Second Party Signature or Authorized Agent

Signature  Date 4/22/25