

Information:

Drawer: Finance

Number: \*\*\*\* Other Redaction \*\*\*\*

Name: \*\*\*\* Other Redaction \*\*\*\*

Invoice Number: C089867

Invoice Date:

PO Number:

Check Number: 0268258

Check Amount: \$ 150.00

Check Date: 06/10/2020

Voucher Number: V0622698

AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted



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From: zerrudom@cod.edu  
Sent: Mon May 18 08:04:16 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: IC Contract  
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**From:** Refakes, Eugene  
**Sent:** Friday, May 15, 2020 8:02 PM  
**To:** Zerrudo, Maria <zerrudom@cod.edu>  
**Subject:** RE: IC Contract

Please see my approval at the bottom of the form.

Thanks,

**Eugene Refakes**  
*Manager, Financial Operations and Systems*  
*Financial Affairs*  
*College of DuPage*  
Phone | (630)942-3263 | E-Mail | refakese@cod.edu

**From:** Zerrudo, Maria <zerrudom@cod.edu>  
**Sent:** Wednesday, May 13, 2020 1:21 PM  
**To:** Refakes, Eugene <refakese@cod.edu>  
**Subject:** IC Contract

Hi Eugene,

Here is another IC Contract that requires your approval for payment please.

Thank you

**Marivic Zerrudo**  
**Accounts Payable Team Leader**  
**College of DuPage**  
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599  
phone 630-942-2601 | zerrudom@cod.edu






BPO # 365238

## \* Independent Contractor Agreement

(Not to be used for contracts in excess of \$5,000.00)

VENDOR NUMBER 1416911		AGREEMENT NUMBER: C089867	
ACCOUNT NUMBER/AMOUNT			
FUND 05	FUNCTION 90	DEPARTMENT 00829	OBJECT 5309001
			AMOUNT 150
APPROVED—Supervisor, Purchasing			DATE / /

### PART I. Complete PRIOR to performance of contractual services.

Name JONATHAN A BARBANEL Tax I.D. #/S.S. #   
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

Phone Number (773) 506-9236 (No college employee may be paid as an independent contractor.)

Street 1440 W. FOSTER AVE

City, State, Zip Code CHICAGO IL 60640

Agrees to perform on \_\_\_\_\_ the following services for the College of DuPage:  
DATE (S)  
PRE-RECORD AUDIO PROGRAMMING FOR "THE ART SECTION" SEGMENT  
"DUALING CRITICS" AIRING JAN/FEB/MAR 2020 - 3RD QTR

If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$ 150 will be paid to the independent contractor upon completion of the services. The contractor will be responsible for all taxes related to income from the above services. The contractor understands that he/she is self employed and must carry at his/her own cost any insurance coverage such as workers compensation, medical, property & liability including auto related to the above mentioned services.

This is a "work for hire" agreement. All rights to materials produced or products from services rendered are property of College of DuPage in perpetuity.

The contractor agrees to hold College of DuPage, its Trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims demands, and expenses, including attorneys' fees, which may arise during performance of this agreement.

☒ I have read Board Procedure #15-465 and have determined that the individual on this agreement meets the definition of an independent contractor.

Gary B. Breda  
Jonathan A. Barbanel  
DEPARTMENT AUTHORIZED SIGNATOR DATE 03/11/2020

All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.  
(Must Check One)

☒ I certify that I am not in default on an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

I agree with the terms stated above and certify that I have received a copy of the contractual agreement.

Jonathan A. Barbanel  
SIGNATURE OF INDEPENDENT CONTRACTOR

03/11/2020  
DATE

to Marivic  
3-13-20

### PART II. Complete AFTER performance of contractual services.

Authorized Signator certifies that the contractual services described in Part I above were completed satisfactorily and authorizes payment in full.  
(Payments to be made only after completion of the contractual service.)

[Signature]  
COLLEGE AUTHORIZED SIGNATURE

DATE

3/12/20

Approved 05-15-20

COUNTER SIGNATOR (OPTIONAL)

Eugene R. [Signature]  
DATE