

Information:

Drawer: Finance

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

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

Invoice Number: C089444

Invoice Date:

PO Number:

Check Number: 0268317

Check Amount: \$ 200.00

Check Date: 06/10/2020

Voucher Number: V0622662

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

From: mcgowan@cod.edu
Sent: Mon May 11 17:26:10 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Guy, Peter ICA

Please process the attached. Thank you.

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone 630.942.3009
Fax 630.942.3002

* Independent Contractor Agreement

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

VENDOR NUMBER 1607362		AGREEMENT NUMBER: C089444		
ACCOUNT NUMBER/AMOUNT				
FUND 01	FUNCTION 30	DEPARTMENT 123015	OBJECT 309004	AMOUNT 200.00
APPROVED—Supervisor, Purchasing				DATE 1 / 1

62 Honorarium 920 - STUDENT

PART I. Complete PRIOR to performance of contractual services.

Name **Peter Maximilian Guy** Tax I.D. #/S.S. # [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.)

Phone Number **(646) 322 9344** (No college employee may be paid as an independent contractor.)

Street **1508 W 19TH ST # 3FR**

City, State, Zip Code **Chicago, IL, 60608**

Agrees to perform on **APRIL 24, 2020** the following services for the College of DuPage:
DATE (S)

JUROR for STUDENT ART SHOW

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

The sum of \$ **200.00** 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.

Ellen McLean **4/27/20**
DEPARTMENT AUTHORIZED SIGNATOR DATE

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.

MC
SIGNATURE OF INDEPENDENT CONTRACTOR

4/27/2020
DATE

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.
(Payment is to be made only after completion of the contractual service.)

Ellen McLean **5/1/20**
COLLEGE AUTHORIZED SIGNATURE DATE

COUNTER SIGNATOR (OPTIONAL) DATE

*See board policy, procedures and instructions on reverse side.
(This agreement is VOID if amount exceeds \$5,000.00)

Original forward to Accounts Payable; Blue, Purchasing Dept.; Yellow, Signator; Pink, Contractor