

Information:

Drawer: Finance

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

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

Invoice Number: C089875

Invoice Date: 03/13/20

PO Number:

Check Number: 0268407

Check Amount: \$ 600.00

Check Date: 06/10/2020

Voucher Number: V0622760

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: barriosi142@cod.edu
Sent: Sun May 17 18:01:31 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Approved IC Contract [REDACTED]

From: Refakes, Eugene <refakese@cod.edu>
Sent: Friday, May 15, 2020 4:20 PM
To: Barrios, Isabel <barriosi142@cod.edu>
Subject: Approved IC Contract [REDACTED]

Thanks,

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

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Thursday, May 14, 2020 12:13 PM
To: Refakes, Eugene <refakese@cod.edu>
Subject: [REDACTED] CO89875.pdf

Hi Eugene,
Need this vetted thru HR.

Thank you.

Isabel Barrios
Accounts Payable Team Lead
Cash Disbursements/Payroll Department
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-3412 | barriosi142@cod.edu





* Independent Contractor Agreement

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

VENDOR NUMBER 0037209		AGREEMENT NUMBER: C089875		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	600
APPROVED—Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name _____ (THIS NAME _____ THE WORK FORM). Tax I.D. #/S.S. # _____
Phone Number _____ (No college employee may be paid as an independent contractor.)
Street _____
City, State, Zip Code _____
Agrees to perform on APRIL 2020 (SPECIALTY PROGRAMS) the following services for the College of DuPage:
DATE(S)
4 PRE-RECORDED "WHEN JAZZ WAS KING" AIRING IN APR 2020 @ \$100 = \$400
2 "SWING SHIFT" AIRING 3/7, 3/14, 2020 @ 100 = 200
TOTAL \$600

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

The sum of \$ 600 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.

[Signature] 3/12/20
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.

[Signature] signed wrong line in error
SIGNATURE OF INDEPENDENT CONTRACTOR

DATE

PART II. Complete AFTER performance of contractual services.

Authorized Part I above were completed satisfactorily and authorizes payment in full.
(Part II to be completed by College of DuPage.)

Approved 05-15-20 Eugene Repsher

COUNTER SIGNATOR (OPTIONAL)

DATE

and instructions on reverse side.

(This agreement is VOID if amount exceeds \$5,000.00)