

Information:

Drawer: Finance

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

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

Invoice Number: C088958

Invoice Date:

PO Number:

Check Number: 0268415

Check Amount: \$ 2,000.00

Check Date: 06/11/2020

Voucher Number: V0622922

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

**College of DuPage**  
**\* Independent Contractor**  
**Agreement**

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

\* After final approver signs the completed form, send to invoicing@cod.edu.

VENDOR NUMBER 1604411				
ACCOUNT NUMBER/AMOUNT				
FUND 01	FUNCTION 10	DEPARTMENT 00389	OBJECT 5501002	AMOUNT 2000
APPROVED—Supervisor, Purchasing				DATE

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

Name MIDWEST SOARING Foundation Tax I.D. #/S.S. #                       
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.) (ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number ( ) (No college employee may be paid as an independent contractor.)

Street PO BOX 275, E

City, State, Zip Code LYONS IL 60534

Agrees to perform on 3/9/2020 the following services for the College of DuPage:  
DATE (S)

Native Amer Studies event 3/9/2020

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

The sum of \$ 2000 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.

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 OF INDEPENDENT CONTRACTOR

**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.)

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

**APPROVED**  
**EUGENE REFAKES**  
**06/23/2020**

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

-----  
From: cruseb199@cod.edu  
Sent: Mon May 18 12:12:59 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: Native American Studies Committee event payment  
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**From:** McKellin, Maren K. <mckellin@cod.edu>  
**Sent:** Friday, May 15, 2020 4:07 PM  
**To:** Refakes, Eugene <refakese@cod.edu>; Cruse, Bethany <cruseb199@cod.edu>; Zerrudo, Maria <zerrudom@cod.edu>; Barrios, Isabel <barriosi142@cod.edu>  
**Cc:** Kerby, Susan <kerbys@cod.edu>  
**Subject:** FW: Native American Studies Committee event payment

Please see this message from Sue below. She submitted the original paperwork before we left campus. She attached another Independent Contractor Agreement for reference. The fully executed copies are in AP. It is not professional to make them wait this long for their payment.

Eugene, we have tried one other time since we've been working remotely to get this paid and we were told to wait until we get back to campus. It's mid-May and the contractor fulfilled his commitment but we have not.

Thanks,  
Maren

**From:** Kerby, Susan <kerbys@cod.edu>  
**Sent:** Thursday, May 14, 2020 1:30 PM  
**To:** McKellin, Maren K. <mckellin@cod.edu>  
**Subject:** Native American Studies Committee event payment

Maren,

On March 9 the Native American Studies Committee hosted an event that included a cultural demonstration by the Midwest SOARRING Foundation, a local Native American organization. The event was very successful.

Midwest SOARRING Foundation's W9 was submitted to Purchasing and the vendor number (#1604411) was created in early March.

The paperwork to pay Midwest SOARRING (including the Independent Contractor form and the W-9) was submitted to Accounts Payable the week we began to shut down COD offices. The Independent Contractor form review process was not completed in time. I believe the original paperwork is now sitting on a desk somewhere between HR (who reviews the form) and Accounts Payable.

I am requesting that a check be cut for Midwest SOARRING Foundation immediately. They have graciously waited for payment but because the re-opening of COD offices is uncertain, I don't believe it is fair to ask them to wait longer.

I have completed a new Independent Contractor form (attached), although it is not signed by the organization. As I mentioned, the signed form is somewhere on campus.

Would you approve this payment and forward this information to the necessary COD staff?

Thanks,  
Sue Kerby  
Coordinator of Study Abroad

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From: cruseb199@cod.edu  
Sent: Fri May 29 11:47:01 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

VENDOR NUMBER <b>1604411</b>		AGREEMENT NUMBER: <b>C088958</b>		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
<b>01</b>	<b>10</b>	<b>00389</b>	<b>5501002</b>	<b>2000</b>
APPROVED-Supervisor, Purchasing				DATE / /

# **\* Independent Contractor Agreement**

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

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

Name MIDWEST SOARING FOUNDATION Tax I.D. #/S.S. # [REDACTED]  
 (THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM). (PLEASE COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (773) 585-2613 (No college employee may be paid as an independent contractor.)

Street 5158 SOUTH MOBILE/PO BOX 275 email: J STAND BEER @aol.com

City, State, Zip Code CHICAGO, ILLINOIS 60638

Agrees to perform on Monday, 3/9/2020 the following services for the College of DuPage:  
 DATE (S) 6-7:30 - Native American Studies event

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

The sum of \$ 2000 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.

Maurice Kelly 3/9/20  
 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.

Joseph J. Schramm  
 SIGNATURE OF INDEPENDENT CONTRACTOR

3-9-2020  
 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.)

Maurice Kelly 3/10/20  
 COLLEGE AUTHORIZED SIGNATURE DATE

Mark [Signature] 3/12/20  
 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



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <del>Midwest SOARRING Foundation</del> <b>Midwest SOARRING Foundation</b>	
2 Business name/disregarded entity name, if different from above <b>Midwest SOARRING Foundation</b>	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>C3</b> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) <b>P.O. BOX 275</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>LYONS, IL 60534</b>	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>

or

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶ <b>Joseph J. Schwarz</b>	Date ▶ <b>3/9/20</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

-----  
From: cruseb199@cod.edu  
Sent: Fri May 29 11:47:24 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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FUND	FUNCTION	DEPARTMENT	OBJECT
<b>01</b>	<b>10</b>	<b>00389</b>	<b>5501002</b>
			AMOUNT <b>2000</b>
APPROVED—Supervisor, Purchasing			DATE / /

**\* Independent Contractor Agreement**

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

Name MIDWEST SOARING FOUNDATION Tax I.D. #/S.S. [REDACTED]  
 (THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM). [REDACTED] (ACHED)

Phone Number (773) 585-8613 (No college employee may be paid as an independent contractor.)

Street 5158 SOUTH MOBILE/PO BOX 275 email: J STAND BEAR @a.com

City, State, Zip Code CHICAGO, ILLINOIS 60638

Agrees to perform on Monday, 3/9/2020 the following services for the College of DuPage:  
6-7:30 - Native American Studies event

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

The sum of \$ 2,000 will be paid to the independent contractor upon completion of the services. The contractor will be responsible for his/her own cost ed services.

This is a "work for hire" agreement. All rights to materials produce perpetuity.

The contractor agrees to hold College of DuPage, its Trustees, off losses, damages, injuries, claims demands, and expenses, includir

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

All independent contractors must also certify below regarding the status of (Must Check One)

☒ I certify that I am not in default on an educational loan guarai  
☐ I certify that I am in default on an educational loan guarantee make arrangements for repayment of this loan with the make

I agree with the terms stated above and certify that I have received a copy

Joseph J. Schramm  
 SIGNATURE OF INDEPENDENT CONTRACTOR

Mail to:  
PO Box 275  
Lyons IL  
60534  
(W9 Address)  
3-4-2020  
 DATE

of DuPage in  
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DATE

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 ct.

**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.)

Mark Miller 3/10/20 Mark Miller 3/10/20  
 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