

Information:

Drawer: Finance

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: C088579

Invoice Date:

PO Number:

Check Number: 0270831

Check Amount: \$ 580.00

Check Date: 07/14/2020

Voucher Number: V0622811

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

From: zerrudom@cod.edu
Sent: Tue May 12 16:16:57 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Emily Bulger Independent Contract #C088579 for \$580.00

From: Accounts Payable
Sent: Tuesday, May 12, 2020 12:43 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: FW: Emily Bulger Independent Contract #C088579 for \$580.00

Marivic,
Please respond.

From: Hiar, Jennifer <hiarj@cod.edu>
Sent: Tuesday, May 12, 2020 12:03 PM
To: Accounts Payable <acctpay@cod.edu>; Zerrudo, Maria <zerrudom@cod.edu>
Subject: Emily Bulger Independent Contract #C088579 for \$580.00

Hi,
I know this contract for Emily Bulger might be sitting in the accounts payable office - see attached.

Emily is asking about payment. Can you let me know when/if this can be processed?
If this can't be processed in the near future, can you let me know an estimated timeframe of maybe when this could possibly be paid out?

Thanks.

Jen Hiar
Administrative Assistant

College of DuPage
Multimedia Services – CHC2023
425 Fawell Blvd.
Glen Ellyn, IL 60137

hiarj@cod.edu
630-942-3299 Office
331-481-1266 Cell

*** Independent Contractor Agreement**

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

VENDOR NUMBER		AGREEMENT NUMBER: C088579		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01-90	-16815	-5309	001	\$580.00
				\$580.00
APPROVED-Supervisor, Purchasing				DATE
				3/19/20

PART I. Complete PRIOR to performance of contractual services.

Name

Phone

Street

City, S

Agree

Social/Behavioral Sciences Spotlight Video
and
English Language Student Profiles

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

The sum of \$ 580 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, proper 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 have received a copy of the contractual agreement.

03/06/2020
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.)

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