

Information:

Drawer: Finance

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

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

Invoice Number: C089759

Invoice Date:

PO Number:

Check Number: 0270872

Check Amount: \$ 100.00

Check Date: 07/14/2020

Voucher Number: V0623417

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: zerrudom@cod.edu
Sent: Thu May 28 20:00:35 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Printer

-----Original Message----- From: zerrudom@cod.edu [mailto:zerrudom@cod.edu] Sent: Thursday, May 28, 2020 12:48 PM To: Zerrudo, Maria Subject: Scanned from a Xerox Multifunction Printer Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC 2130 Device Name: PRN264

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

* Independent Contractor Agreement

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

| | | | | |
|---------------------------------|----------|---------------------------|---------|-------------|
| VENDOR NUMBER 1604258 | | AGREEMENT NUMBER: C089759 | | |
| ACCOUNT NUMBER/AMOUNT | | | | |
| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
| 01 | 20 | 00423 | 5302001 | \$100.00 |
| APPROVED-Supervisor, Purchasing | | | | DATE / / |

PART I. Complete PRIOR to performance of contractual services.

Name DONALD FRASER Tax I.D. #/S.S. # [REDACTED]
(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 (608) 219 2814 (No college employee may be paid as an independent contractor.)

Street 7162 Pomeroy Road

City, State, Zip Code Rockton, IL 61072

Agrees to perform on Feb. 14, 2020 the following services for the College of DuPage:
DATE (S)
Music Fridays event

APPROVED
EUGENE REFAKES
06/23/2020

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

The sum of \$ 100.00 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.

[Signature] 2/6/2020
 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]
 SIGNATURE OF INDEPENDENT CONTRACTOR

2/10/2020
 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.)

[Signature]
 COLLEGE AUTHORIZED SIGNATURE

2/14/2020
 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

