

Information:

Drawer: Finance

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

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

Invoice Number: C089765

Invoice Date:

PO Number:

Check Number: 0271017

Check Amount: \$ 200.00

Check Date: 07/14/2020

Voucher Number: V0623264

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

*** Independent Contractor Agreement**

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

VENDOR NUMBER 52572		AGREEMENT NUMBER: C089765		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	20	00423	5302001	\$200. ⁰⁰
APPROVED—Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name _____ Tax I.D. #/S.S. # _____
(THIS NAME SHOULD BE THE SAME AS THAT APPEARING 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 _____

City, State, Zip Co _____

Agrees to perform on March 6, 2020 the following services for the College of DuPage:
DATE (S)
Music Fridays event

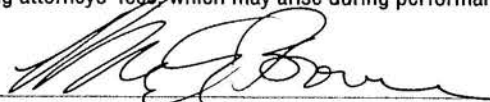
If additional space is needed, please continue description of services on separate pages and attach to this form.

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.


 DEPARTMENT AUTHORIZED SIGNATOR 2/6/2020
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)

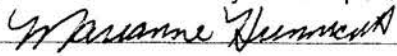
- ☒ I certify that I am not in default on an educational loan guaranteed by the State in the amount of \$600.00 or more.
- ☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

_____ of the contractual agreement.

2-17-20
DATE

PART II. Complete AFTER performance of contractual services.

Authorized Signator certifies that the contractual services described in Part I above were completed in a satisfactory manner and authorizes payment in full (Payment is to be made only after completion of the contractual service.)


 COLLEGE AUTHORIZED SIGNATURE 3/9/20
DATE

APPROVED
EUGENE REFAKES
COLLEGE AUTHORIZED SIGNATOR (CITY OF DU PAGE)

*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

From: barriosi142@cod.edu
Sent: Wed May 27 11:29:08 CDT 2020
To: invoicing@cod.edu
CC:
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]