

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1749436 **Vendor Name:** Great States Volleyball

Check Details:

Check Number: 0346981 **Check Amount:** \$ 160.00 **Check Date:** 12/9/2025

Invoice Details:

Invoice Number: 1000 **Invoice Date:** 11/11/2025 **PO Number:** NULL
Voucher Number: V0915728

Document Type: AP Invoice

Document Below

11/11/2025Date **Invoice No. 1000**

To
College of DuPage
Athletics
425 Fawell Blvd.
Glen Ellyn, IL 60137

1749436

01-30-12037-5309003

Ship To
Same as recipient

Instructions
Delivery Instructions

Quantity	Description	Unit Price	Total
1	Referee for Women's Volleyball 10/29/25	160.00	160.00
Subtotal			
Sales Tax			
Shipping & Handling			
Total Due			160.00

Due upon receipt

Thank you for your business!

Great States Volleyball

Tel (847) 553-5297
Fax Fax

1252 Bradford Lane
Antioch, IL 60002

Website
Footin86@hotmail.com

replace with
LOGO

* Independent Contractor Agreement

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

VENDOR NUMBER 1749436		AGREEMENT NUMBER: C090495		
ACCOUNT NUMBER/AMOUNT				
FUND 01	FUNCTION 30	DEPARTMENT 12037	OBJECT 5389003	AMOUNT 160.00
APPROVED—Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name Great states volleyball Tax I.D. #/S.S. # 82-2125465
(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 (815) 553 (No college employee may be paid as an independent contractor.)

Street 28101 West street 1252 Bradford Ln.

City, State, Zip Code Antioch, IL 60002

Agrees to perform on 10-29-2025 the following services for the College of DuPage:
DATE (S)
Referee for Women's Volleyball Regionals 10/29/25
COD vs. Joliet

Email: Footin86@hotmail.com

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

The sum of \$ 160.00 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.

Ryan W 10/30/25
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

10-29-2025
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.)

Ryan W 10/30/25
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

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Justin Basovsky		
	2 Business name/disregarded entity name, if different from above. Great States Volleyball		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input 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) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 1252 bradford lane	Requester's name and address (optional)	
	6 City, state, and ZIP code Antioch IL 60002		
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
8	2		-	2	1	2	5	4	6 5

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person <i>Justin Basovsky</i>	Date <i>1/1/2025</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Tue, Nov 11, 2025 at 05:57 PM UTC

CC:

BCC:

1 attachment

1709_001.pdf