

Information:

Drawer: Finance

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

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

Invoice Number: C086949

Invoice Date:

PO Number:

Check Number: 0229815

Check Amount: \$ 225.00

Check Date: 01/17/2018

Voucher Number: V0491135

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

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EMPLOYEES

Welcome Molly!

Voucher

DELIVERED
E-MAILED JAN 11 2018

Voucher Number V0491135

Voucher Amount \$225.00

Vendor ID and/or Name

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 01/11/18 Voucher Maintenance Date 01/11/18 Due Date 01/11/18

Invoice Number IC-086949 Invoice Date 01/11/18

Check/Transaction Number Paid Date

Created from Document

| Item Description | Vendor Item | Quantity | Unit of Issue | Price | Extended Price | GL Distribution | Invoice Number | Tax Codes | Tax Info | Comments |
|------------------------|-------------|----------|---------------|----------|----------------|---|----------------|-----------|--------------|----------|
| Chorus, NP La Traviata | | 1.000 | | 225.0000 | 225.00 | 05-60-11701-5309001 AUX New Philharmonic/DOT : Other Contractual Services Exp | IC-086949 | | 1099M NEC IL | |

Comments

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

Chorus, NP La Traviata

01/27-28/18

63 Chorus NP18 TRAVIAT

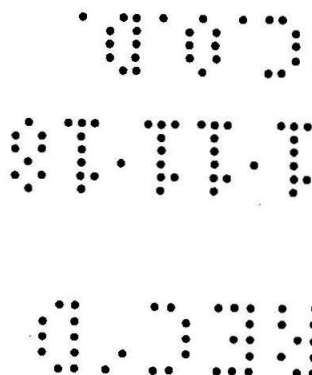
Approval Date

Next Approval

Ellen M. Moran

OK

01/11/18

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Student

VOUCHER# V0491135

VENDOR NUMBER

AGREEMENT
NUMBER:

C086949

*** Independent Contractor
Agreement**

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

NP18-
TRAVIATA 63

ACCOUNT NUMBER/AMOUNT

| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
|---------------------------------|----------|------------|---------|----------|
| 05 | 60 | 11701 | 5309001 | 225.00 |
| APPROVED-Supervisor, Purchasing | | | | DATE |
| | | | | 01/11/18 |

ok to pay per Bill R.

PART I. Complete PRIOR to performance of contractual services.

Name

Phone

Street

City, S

Agrees to perform on SATURDAY, JAN. 27, 2018 AT 1 PM the following services for the College of DuPage:

AND SUNDAY, JAN. 28, 2018 AT 3 PM, "LA TRAVIATA" CHAIRS
MEMBER, REHEARSAL SCHEDULE UNDER SEPARATE COVER - SING IN
ITALIAN, FEE \$225.00, ALL INCLUSIVE

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

The sum of \$ 225.00 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 any insurance coverage such as workers compensation, medical, property & liability including aut

Please hold check for pickup by
Ellen McGowan (x3009).

This is a "work for hire" agreement. All rights to materials produced or products from services re perpetuity.

Need by:

1/19/18

Thank you!

The contractor agrees to hold College of DuPage, its Trustees, officers, directors, agents, success losses, damages, injuries, claims demands, and expenses, including attorneys' fees, which may a.

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

Ellen McGowan
DEPARTMENT AUTHORIZED SIGNATOR

1/12/18
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 am a copy of the contractual agreement.

1/16/17
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 services)

Ellen McGowan

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

Must have check
on opening night
of performance

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

Original forward to Accounts Payable; Bldg. Purchasing Dept.;ellow, Signator Pink Contractor

0214565

01/17/2018

0229815

C086949

V0491135

Chorus, NP La Traviata

0560117015309001

225.00

[Handwritten signature]

Ella M. Loran
1/26/18

225.00

0229815

PAY ONLY TWO HUNDRED TWENTY FIVE AND 00/100 DOLLARS

01/17/2018

\$*****225.00

Mr Ben Adair
300 West 60th St B305
Westmont IL 60559

