

Information:

Drawer: Finance

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

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

Invoice Number: C086467

Invoice Date:

PO Number:

Check Number: 0229844

Check Amount: \$ 200.00

Check Date: 01/17/2018

Voucher Number: V0489015

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

Walker, Cathie

Student

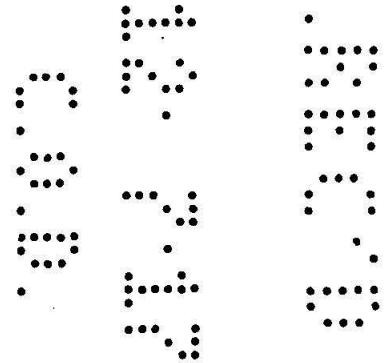
From: acctpay@cod.edu
Sent: Thursday, December 07, 2017 2:07 PM
To: Walker, Cathie
Subject: Voucher Confirmation: V0489015

Voucher Number V0489015
Voucher Status In Progress (Unfinished)

Requestor Name Ms Mary C. Walker

Voucher Date 12/07/17
Due Date 12/07/17
Vendor ID and/or Name [REDACTED]
AP Type IM Invoices < \$15,000
Voucher Total \$200.00

ITEM 1
Item Description Create poster, flyer, brochure
Quantity 1.000
Price \$200.0000
Extended Price \$200.00
GL Distribution 01-20-00421-5302001



COMMENTS

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

J. Markens

APPROVAL

DATE 12.7.17

NEXT APPROVALS

OK
W. Rush

*** Independent Contractor Agreement**

Student

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

Ok to pay per Bill R.

| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
|---------------------------------|----------|------------|--------|-------------|
| 0120 | 00421 | 5302001 | | 300.00 |
| APPROVED-Supervisor, Purchasing | | | | DATE / / |

PART I. Complete PRIOR to performance of contractual services.

Name [REDACTED]
Phone [REDACTED]
Street [REDACTED]
City, State [REDACTED]

Agrees to perform on Oct 15 - Dec 6th 2017 the following services for the College of DuPage:

DATE (S)

Create flyer, post card, brochure for Humanities Fest.

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

The sum of \$200 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.

S. Martin
DEPARTMENT AUTHORIZED SIGNATOR

10.13.17
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.

[REDACTED] 11/7/2017 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.)

S. Martin

12.7.17

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