

Information:

Drawer: Finance

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

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

Invoice Number: C087632

Invoice Date:

PO Number:

Check Number: 0230081

Check Amount: \$ 750.00

Check Date: 01/17/2018

Voucher Number: V0491387

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

College of DuPage - Accounts Payable
Check Request Form
revised 3/27/17

STU
VEND

V491387

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 1/8/2017
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99004	2900099	Funds Held in Custody of Othr	\$ 750.00
				99004			
Grand Total							\$ 750.00

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name:

Other
Instructions:

Payee Address:

Description on Check:

Payment for annual printing of the AMS fundraising calendar.

Approvals:

Prepared By: Shannon Hernandez

Approved By: Chuck Steele

Date:

Signature:

Signature:

Payment Due: 1/19/2017

Approved By:

Date:

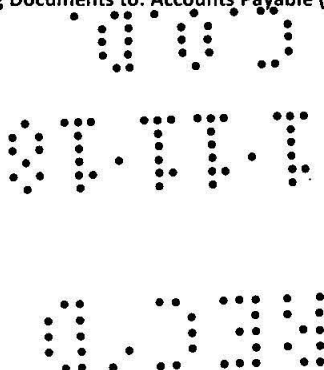
Board Approved Date:

Signature:

Approved By Division VP:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 21:



Approved
by Chuck
Steele
automatic

*** Independent Contractor Agreement**

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

W 9 12/8/17

VENDOR NUMBER		AGREEMENT NUMBER: C087632	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
10	99	99064	2900099
			AMOUNT
			750.00
APPROVED-Supervisor, Purchasing			DATE
			1 /

PART I. Complete PRIOR to performance of contractual services.

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

Agrees to perform on 12/1/17 the following services for the College of DuPage:
 DATE (S)
graphic design and printing of fundraising calendars

If additional space is needed, please continue description of services on separate pages and attach to this form.
 The sum of \$ 750.00 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.
 1/8/17
 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.

[REDACTED] a copy of the contractual agreement.
12/8/17
 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 service.)
 
 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

Invoice

Date: 12/07/2017
Invoice No.: 10011

Bill To:

COD AMS

Qty	Rate Code	Description	Unit Price	Total
100		2018 Calendars	\$7.00	\$700.00
1		Graphic Design	\$50.00	\$50.00

Total \$750.00
Balance Due \$750.00

Please contact us for more information about payment options.

Thank you for your business.

0111

0.334