

Information:

Drawer: Finance

Number: \*\*\*\* Other Redaction \*\*\*\*

Name: \*\*\*\* Other Redaction \*\*\*\*

Invoice Number: C087478

Invoice Date:

PO Number:

Check Number: 0230333

Check Amount: \$ 3,000.00

Check Date: 01/18/2018

Voucher Number: V0491751

AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

1201568

01/18/2018

0230333

C087478

V0491751

Soloist

0560117015309001

3,000.00

*Ever Mr. Gordon*  
*1/24/18*

3,000.00

0230333

PAY ONLY THREE THOUSAND AND 00/100 DOLLARS

01/18/2018

\$\*\*\*\*\*3,000.00

Corey Crider  
120 E Cruce Ln  
Marion KY 42064

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

V 491751

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: 1/11/2018  
Vendor ID: 1201568

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-087478		05	60	11701	5309001	Other Contractual Services Exp	\$ 3,000.00
Grand Total							\$ 3,000.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

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: Corey Crider  
Payee Address: 120 E. Cruce Lane  
Marion, KY 42064

Other Instructions: Must have payment for performance on Jan 27, 2018.

Description on Check:

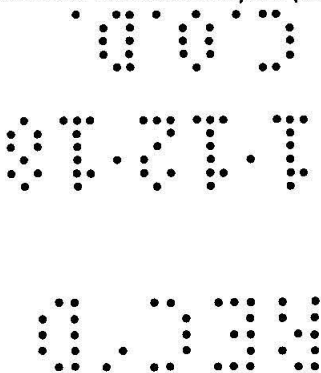
Soloist, "La Traviata" Opera, New Philharmonic Orchestra 01/27/18-01/28/18 75 Soloist NP18\_TRAVIAT

Approvals:

Prepared By: Ellen McGowan  
Signature: Ellen McGowan  
Payment Due: \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Approved By: Ellen McGowan Date: 1/11/18  
Signature: Ellen McGowan  
Approved By: Joanna Stewart Date: 1/11/18  
Signature: Joanna Stewart  
Approved By Division VP: \_\_\_\_\_ Date: \_\_\_\_\_

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)



VENDOR NUMBER <u>1201568</u>		AGREEMENT NUMBER: <u>C087478</u>	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
<u>05</u>	<u>60</u>	<u>11701</u>	<u>5309001</u>
			AMOUNT <u>3,000.00</u>
APPROVED-Supervisor, Purchasing			DATE <u>1 / 1</u>

**\* Independent Contractor Agreement**

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

*NP18-  
TRAVIAT75*

**PART I. Complete PRIOR to performance of contractual services.**

Name COREY CRISER Tax I.D. #/S.S. # [REDACTED]  
(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 (201) 452-3535 X (No college employee may be paid as an independent contractor.)

Street 120 E CRUCE LN X

City, State, Zip Code MARION, KY 42064 X

Agrees to perform on SAT. JAN. 27, 2018 AT 7:20 PM AND the following services for the College of DuPage:

SUNDAY, JAN. 28, 2018 AT 3 PM - ROLE OF GIORGIO GERARDI - "LA TRAVIATA" AT THE MCANINCH ARTS CENTER, FULLY STAGED, SUNG IN ITALIAN. FEE PER PERFORMANCE \$1,500. HOST ALLOWANCE AS NEGOTIATED.

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

The sum of \$3,000.00 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.

Ellen McGowan 1/11/18  
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] X 6-2-2017 X  
SIGNATURE OF INDEPENDENT CONTRACTOR 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.)

Ellen McGowan 1/29/18 [Signature] 1/29/18  
COLLEGE AUTHORIZED SIGNATURE DATE COUNTER SIGNATOR (OPTIONAL) DATE

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

Need by:

1/19/18

Thank you!

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

nal forward to Accounts Payable; Blue, Purchasing Dept; Yellow, Signator; Pink, Contractor

NEED CHECK FOR  
PERFORMANCE SIGNATURE

## Independent Contractors

### I. Board Policy #15-465

#### Employee vs. Independent Contractor

The Board recognizes the need for and will compensate for personal services in accordance with the following criteria:

1. Individuals who offer their services to the public as a normal part of their business will be considered independent contractors.
2. Any person who is already an employee of the college cannot also be considered an independent contractor by the College of DuPage except for payments under intellectual property rights (Board Policy #15-195).
3. All other individuals under the direction of the college and paid by the college will be hired as employees through established procedures and paid through the payroll system.

### II. Board Procedure for Policy #15-465

Agreements with independent contractors for services of \$5,000 or less will be arranged through use of an Independent Contractor Agreement. The Independent Contractor Agreement also serves as a requisition and requires proper budget accounts and approvals.

Agreements with independent contractors in excess of \$5,000 will be arranged through the use of an individualized contractual agreement. The development of the contract will be through the office of the Vice President of Administrative Affairs. A purchase order requisition must accompany the contractual agreement.

Only one payment is to be made for independent contractor services. This single payment will be made only after the completion of the contractual services.

Agreements with regular college employees for additional compensated services will be arranged through the appropriate college offices through the payroll system except for payments under intellectual property rights (Board Policy #15-195).

### III. Instructions For Completion of Independent Contractor Agreement

#### A. PRIOR to Performance of Services

Complete Part I of the Agreement:

1. The attached FORM W-9 must be fully completed, signed, dated and returned with the Independent Contract Form in order for payment to be made.
2. Be sure that all applicable parts of the form are filled in; Obtain authorizations.
3. Always provide contractor with a copy of the agreement.

**Wait to distribute other copies until after completion of Part II.**

Payment will not be made unless contractor's original signature in ink appears on the agreement. Payment is to be made only after completion of the contractual service.

#### B. AFTER Performance of Services

Complete Part II of the Agreement:

1. College Authorized Signator must sign to indicate department's acknowledgement of satisfactory completion of contractual services.
2. Submit form to Purchasing Department, which will then begin processing and will forward to Accounts Payable for payment.
3. Independent contractors whose annual total payments equal or exceed \$600 in a calendar year or as directed by the Internal Revenue Service will be issued a Form 1099-MISC showing this total. A copy to the 1099-MISC will be forwarded to the Federal Government as required.