

Information:

Drawer: Finance

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

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

Invoice Number: C087477

Invoice Date:

PO Number:

Check Number: 0230379

Check Amount: \$ 4,500.00

Check Date: 01/25/2018

Voucher Number: V0492278

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

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

Vendor

V 4/22/18

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: 1/18/2018  
Vendor ID: 1540793

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-087477		05	60	11701	5309001	Other Contractual Services Exp	\$ 4,000.00
		05	60	11701	5501001	Conference/Meeting Exp- Local	\$ 500.00
Grand Total							\$ 4,500.00

--- \$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: Scott Ramsay

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

Payee Address: 1000 W Leland Ave #4H  
Chicago, IL 60640

Description on Check:

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

Soloist, "La Traviata" Opera, New Philharmonic Orchestra 01/27/18-01/28/18 75 Soloist NP18\_TRAVIAT  
Artist Travel 01/27/18-01/28/18 64 Travel NP18\_TRAVIAT

Need by: ASAP Thank you!

Approvals:

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

Approved By: Ellen McGowan Date: 1/18/18  
Signature: Ellen McGowan  
Approved By: Donna Stewart Date: 1/19/18  
Signature: Donna 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)

01.52.1

0.339

NP18 - TRAVIAT

VENDOR NUMBER  
1540793

AGREEMENT NUMBER: C087477

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	60	11 701	5309001	4,000.00
05	60	11 701	5501001	500.00
APPROVED-Supervisor, Purchasing				DATE
				01/18/18

**\* Independent Contractor Agreement**

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

09/18/18

NP  
75  
64  
IC

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

Name SCOTT RAMSAY ~~Paul B. B. B.~~ 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 (773) 454-6089 ☒ (No college employee may be paid as an independent contractor.)

Street 1000 W. Leland Ave # 4H

City, State, Zip Code Chicago, IL 60640

Agrees to perform on SAT. JAN. 27, 2018 AT 7:30 PM AND the following services for the College of DuPage:

SUNDAY, JAN. 28, 2018 AT 3 PM - ROLE OF ALFREDO GERARDI - "LA TRAVIATA"  
AT THE MCANINCH ARTS CENTER, FULLY STAGED, SUNG IN ITALIAN  
FEE PER PERFORMANCE \$2,000 AND TRAVEL STIPEND \$500.00, ALL INCLUSIVE

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

The sum of \$ 4,500.00 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 at

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

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

Need by: ASAP

Thank you!

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

☒ 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

12/1/17  
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.

Scott Ramsay  
SIGNATURE OF INDEPENDENT CONTRACTOR

6/18/17  
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.)

Ellen McGowan

Bonnie Stewart

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

**MUST HAVE CHECK FOR PERFORMANCE NIGHT 01/27/18**  
\*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

MEMO TO: Brian W. Caputo  
FROM: Ellen McGowan  
Business Manager, Arts Center  
DATE: January 24, 2018  
SUBJECT: Request for Manual Checks 7

Brian,

Please approve these manual check requests for payment to:

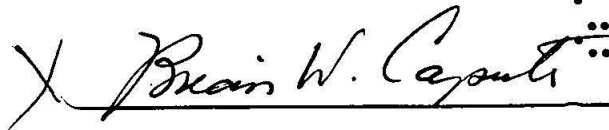
Basney, Nyela (Accompanist, New Phil La Traviata 01/27)	228.00
Dahl, Bryan (Soloist, New Phil La Traviata 01/27)	800.00
Hosack, Ian (Soloist, New Phil La Traviata 01/27)	800.00
Krischer, Jan (Supertitles, New Phil La Traviata 01/27)	400.00
Morrison, Erika L (Chorus, New Phil La Traviata 01/27)	225.00
Perry, Erin C (Chorus, New Phil La Traviata 01/27)	225.00
Ramsay, Scott (Soloist, New Phil La Traviata 01/27)	4500.00

These vendors need payment on Saturday, January 27, for the New Philharmonic Opera.

Thank you for your help and understanding.

Ellen McGowan

Attachments

A handwritten signature in black ink, reading "Brian W. Caputo". The signature is written over a horizontal line. To the right of the signature, there are three vertical columns of small, irregular black marks, possibly representing a stamp or a series of small dots.

Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs

1540793

01/25/2018

0230379

C087477  
C087477

V0492278  
V0492278

SOLOIST  
SOLOIST

0560117015309001  
0560117015501001

4,000.00  
500.00

*Ellen M. Gowan*  
*1/26/18.*

4,500.00

0230379

PAY ONLY FOUR THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

01/25/2018

\$\*\*\*\*\*4,500.00

Scott Ramsay  
1000 W Leland Ave Unit 4H  
Chicago IL 60640