

Information:

Drawer: Finance

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

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

Invoice Number: C088781

Invoice Date:

PO Number:

Check Number: 0234963

Check Amount: \$ 200.00

Check Date: 04/11/2018

Voucher Number: V0508008

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

W9 3/23/18 Vendor

V 15 08008  
C088781

**Independent Contractor Agreement**

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

|                                 |                |                                         |                   |                  |
|---------------------------------|----------------|-----------------------------------------|-------------------|------------------|
| VENDOR NUMBER<br>1326145        |                | AGREEMENT NUMBER:<br>C088781            |                   |                  |
| ACCOUNT NUMBER/AMOUNT           |                |                                         |                   |                  |
| FUND<br>01                      | FUNCTION<br>30 | DEPARTMENT<br><del>12001</del><br>12031 | OBJECT<br>5302001 | AMOUNT<br>200.00 |
| APPROVED-Supervisor, Purchasing |                |                                         |                   | DATE<br>/ /      |

OK to pay per Bill Path 4/4/18 to DuPage

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

Name JAMES D. O'BRIEN Tax I.D. #/S.S. # [REDACTED]

(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

Phone Number (202) 632-2687

(No college employee may be paid as an independent contractor.)

Street 1145 KENTUCKY ST

City, State, Zip Code RACINE, WI. 53405

Agrees to perform on 3/23/18 the following services for the College of DuPage:  
Men's Baseball DIT

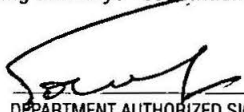
If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$ 200.00 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.



DEPARTMENT AUTHORIZED SIGNATOR

DATE

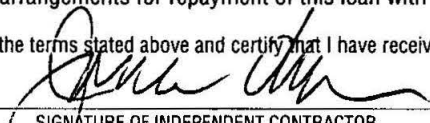
All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.

(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 OF INDEPENDENT CONTRACTOR

3/23/18

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