

Information:

Drawer: Accounts Payable - Invoices  
Number: \*\*\*\* Other Redaction \*\*\*\*  
Name: \*\*\*\* Other Redaction \*\*\*\*  
Invoice Number: C088759  
Invoice Date:  
PO Number:  
Check Number: 0235169  
Check Amount: \$ 1,000.00  
Check Date: 04/19/2018  
Voucher Number: V0509645  
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

**\* Independent Contractor Agreement**

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

VENDOR NUMBER <b>1450191</b>		AGREEMENT NUMBER: <b>C088759</b>		
ACCOUNT NUMBER/AMOUNT				
FUND <b>01</b>	FUNCTION <b>30</b>	DEPARTMENT <b>00446</b>	OBJECT <b>5309001</b>	AMOUNT <b>1,000.00</b>
APPROVED-Supervisor, Purchasing				DATE <b>/ /</b>

*OK to pay per Bill Rothe 4/19/18 C. Prager*

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

Name Theodore Williams 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 (312) 952-6514 (No college employee may be paid as an independent contractor.)

Street 12559 S. Michigan Avenue

City, State, Zip Code Chicago, Illinois 60628

Agrees to perform on April 19, 2018 the following services for the College of DuPage:

Lecture and presentation to students on Education and Civil Rights. Includes materials, transportation and will be joined by his students from Kennedy King college for 2hr session.

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

The sum of \$ 1,000.00 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.

*[Signature]*  
DEPARTMENT AUTHORIZED SIGNATOR

4.16.18  
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]*  
SIGNATURE OF INDEPENDENT CONTRACTOR

4.17.18  
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.)

*[Signature]* 4.16.18  
COLLEGE AUTHORIZED SIGNATURES DATE

*[Signature]* 4/19/18  
COUNTER SIGNATURE DATE

**Vice President/CFO**  
**Administrative Affairs**

*[Signature]*  
4.18.2018

\*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

## College of DuPage - Accounts Payable

Check Request Form

revised 3/27/17

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: 4/18/2018

Vendor ID: 1450191

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	30	00446	5309001	Other Contractual Services Exp	\$ 1,000.00
Grand Total							\$ 1,000.00

--- \$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: Theodore Williams III

Other  
Instructions:

Payee Address: 12559 South Michigan Avenue

Description on Check:

Lecture and Presentation for the Diversity and Education session. Includes materials, travel and presentation time.

## Approvals:

Prepared By: David A. Swope Sr.

Approved By: David A. Swope Sr.

Date:

Signature:

Signature:

Payment Due: 4/18/2018

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Earl Dowling

Date:

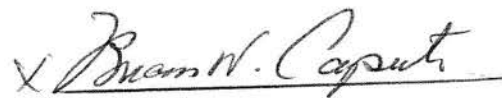
Signature:

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

(Return to Cassandra)

April 18, 2018

Ms. Vera Humphrey  
Administration Affairs

Manual check  
x 

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

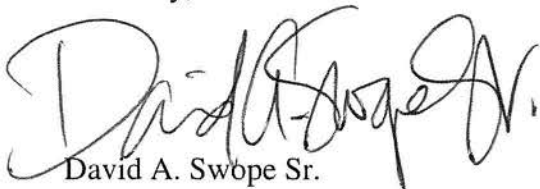
Hello Vera,

I am writing this letter to request an exception on the payment of our guest speaker for the Diversity and Education session on April 19, 2018.

I have enclosed a check request, along with the independent contractor agreement for Professor Ted Williams III and would like to have the check available on **Thursday April 19, 2018** when he completes his services. He was able to schedule his appointment on short notice and this includes materials, travel and presentation time. Appropriate documents are attached for reference.

Please contact me with any questions.

Sincerely,



David A. Swope Sr.  
Manager, Student Diversity and Inclusion  
College of DuPage

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From: marekr@cod.edu  
Sent: Thu Apr 19 10:24:01 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Scanned from a Xerox Multifunction Device  
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Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage  
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu  
-----Original Message----- From: marekr@cod.edu Sent: Thursday, April 19, 2018 10:21 AM To: Marek, Robert Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]