

Information:

Drawer: Finance

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

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

Invoice Number: C088848

Invoice Date:

PO Number:

Check Number: 0237187

Check Amount: \$ 1,000.00

Check Date: 07/11/2018

Voucher Number: V0518982

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

V518982

Fy 19

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: 07/02/18
Vendor ID: 1478338

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088848		01	30	12271	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: William Cooley

Payee Address: 269 N Highview Ave
Elmhurst, IL 60126

Other Instructions: Must have check July 12, 2018 for show closing.

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

Description on Check:

Band (Drums) College Theater The Addams Family 06/29/18-07/15/18 84 BAND CT19_ADDAMS

Need by: 7/12/18 Thank you!

Approvals:

Prepared By: Ellen McGowan Approved By: Ellen McGowan Date: 7/12/18
Signature: [Signature] Signature: [Signature] Date: 7/12/18
Payment Due: 7/12/18 Approved By: [Signature] Date: 07/02/18
Board Approved Date: Signature: [Signature] Date:

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

07062
0.334

Fy19

VENDOR NUMBER 1478338		AGREEMENT NUMBER: C088848		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12271	5309001	1000.00
APPROVED-Supervisor, Purchasing				DATE 7/2/18


*** Independent Contractor Agreement**

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

CT/19-ADDAMS

84 BAND.

PART I. Complete PRIOR to performance of contractual services.

Name *Will Cooley* Tax I.D. #/S.S. 
 (THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).
 Phone Number *(720) 352-7502* (No college employee may be paid as an independent contractor.)
 Street *269 N HIGHVIEW AVE*
 City, State, Zip Code *ELMHURST IL 60126*
 Agrees to perform on *July 12 - July 15, 2018* the following services for the College of DuPage:
 DATE (S)
Musician on College Theater
The Addams Family - Drums

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

The sum of \$ *1000.00* 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] *5/19/18*
 DEPARTMENT AUTHORIZED SIGNATOR DATE
[Signature] *6/29/18*
 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] *6/20/18*
 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.)

[Signature] *[Signature]*
 COLLEGE AUTHORIZED SIGNATURE DATE COUNTER SIGNATOR (OPTIONAL) DATE

*-MUST HAVE
check on
July 12, 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

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.

1478338

07/11/2018

0237187

C088848

V0518982

Musician

0130122715309001

1,000.00

Ellen McHone
7/11/18

1,000.00

0237187

PAY ONLY ONE THOUSAND AND 00/100 DOLLARS

07/11/2018

\$*****1,000.00

William Cooley
269 N Highview Ave
Elmhurst IL 60126