

Information:

Drawer: Finance

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

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

Invoice Number: C088651

Invoice Date:

PO Number:

Check Number: 0237877

Check Amount: \$ 100.00

Check Date: 08/15/2018

Voucher Number: V0522708

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

EMPLOYEES

Welcome Molly!

Voucher

Voucher Number V0522708
Voucher Amount \$100.00
Vendor ID and/or Name 1556639 Joshua B. Carter

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
Voucher Date 08/08/18 Voucher Maintenance Date 08/08/18 Due Date 08/08/18
Invoice Number IC-088651 Invoice Date 08/08/18
Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Judge for Choreo		1.000		100.0000	100.00	01-30-12211-5309001 College Dance : Other Contractual Services Exp	IC-088651		1099MI NEC IL	

Comments

WARNING: All line items on this document have
been populated with default tax form
information from the chosen vendor.
Judge for Choreo Showcase, 07/28/18
62 Honorarium DN19_CHOREOGR

Approval Date Next Approval

Ellen M. Gordon

OK

08/08/18

*** Independent Contractor Agreement**

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

62
Honorarium

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12301	530900	100.00
APPROVED-Supervisor, Purchasing				DATE 08/08/18

email: jashuablakecarter@gmail.com

PART I. Complete PRIOR to performance of contractual services.

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

Phone Number (773) 231 6125 (No college employee)

Street 4720 N Racine Ave, Apt 3E

City, State, Zip Code Chicago IL 60640

Agrees to perform on Sat, July 28, 2018 the following services for the College of DuPage:

judge for College Dance Choreography Showcase Competition

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

The sum of \$ 100.00 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 M. Moran
DEPARTMENT AUTHORIZED SIGNATOR

7/27/18
DATE

~~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

7/27/18
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.)

Ellen M. Moran 8/7/18
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