

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088734

Invoice Date:

PO Number:

Check Number: E0068614

Check Amount: \$ 300.00

Check Date: 08/08/2018

Voucher Number: V0522191

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

VENDOR NUMBER
1540049

AGREEMENT
NUMBER: C088734

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	60	11701	5309001	300.00
APPROVED—Supervisor, Purchasing				DATE 07/31/18

*** Independent Contractor Agreement**

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

NP
80

PART I. Complete PRIOR to performance of contractual services.

Name ISABELLE RUND

Tax I.D. #/S.S. #

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

Phone Number (217) 671-6491

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

Street 3420 N. PAULINA ST., APT. 2W 6969 N. WOLCOTT, UNIT 1C

City, State, Zip Code CHICAGO, IL 60657 60626

Agrees to perform on 5/1/2018 - 7/31/2018

DATE (S)

the following services for the College of DuPage:

PRODUCTION FOR OPERA, DIE FLEDERMANS,
AS STAGE MANAGER, MEETINGS AND PRE-OPERA
PREPARATION

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

The sum of \$ 300.00 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. Nowan April 28, 2018
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.

Isabelle Rund
SIGNATURE OF INDEPENDENT CONTRACTOR

X

April 30, 2018 X
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. Nowan 8/1/18

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

EMPLOYEES

Welcome Molly!

Voucher

Voucher Number V0522191
 Voucher Amount \$300.00
 Vendor ID and/or Name 1540049 Isabelle Rund

**DELIVERED 08/01/2018*

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
 Voucher Date 07/31/18 Voucher Maintenance Date 07/31/18 Due Date 08/02/18
 Invoice Number IC-088734 Invoice Date 07/31/18
 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
Stage Manager for NP "Die Fledermaus"		1.000		300.0000	300.00	05-60-11701-5309001 AUX New Philharmonic/DOT : Other Contractual Services Exp	IC-088734		1099MI NEC IL	

Comments

WARNING: All line items on this document have
 been populated with default tax form
 information from the chosen vendor.
 Stage Manager for NP "Die Fledermaus"
 05/01/18-07/31/18
 80 Stage Manager NP19_DIEFLEDER

Approval Date Next Approval

Elen M. Gordon

OK

07/31/18

From: marekr@cod.edu
Sent: Wed Aug 08 09:47:45 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

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: Wednesday, August 8, 2018 9:46 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]