

Information:

Drawer: Finance

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

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

Invoice Number: C088763

Invoice Date:

PO Number:

Check Number: 0241233

Check Amount: \$ 1,000.00

Check Date: 10/10/2018

Voucher Number: V0528568

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

1514294

10/10/2018

0241233

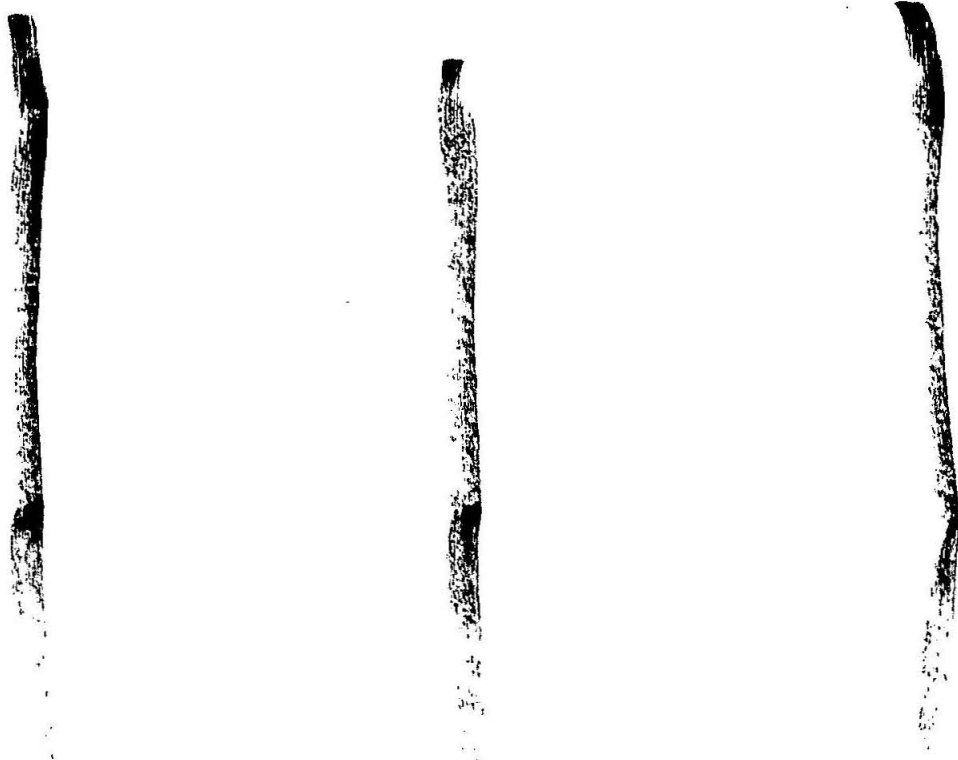
C088763

V0528568

STU CLUB WELCOME LUNCHEON

0130004465309001

1,000.00



1,000.00

David A. Swager

0241233

PAY ONLY ONE THOUSAND AND 00/100 DOLLARS

10/10/2018

\$*****1,000.00

Mervin Belisle
34 E.117th St.
Chicago IL 60628

*** Independent Contractor Agreement**

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

VENDOR NUMBER
1514294

AGREEMENT
NUMBER:

C088763

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	00446	530900	\$1,000
APPROVED—Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name **Marvin Belisle**

Tax I.D. #/S.S.

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

Phone Number **(773) 329-0230**

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

Street **34 E. 117th Place**

City, State, Zip Code **Chicago IL 60628**

Agrees to perform on **Thursday, September 13, 2018** the following services for the College of DuPage:

**Student Club Welcome Luncheon. 11:30 - 1:30 p.m.
2 hr playtime**

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

The sum of \$ **1,000** 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.

David A. Swack Sr. 9.13.18
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.

Marvin Belisle
SIGNATURE OF INDEPENDENT CONTRACTOR

9/13/18
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.)

David A. Swack Sr. 9.13.18
COLLEGE AUTHORIZED SIGNATURE DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

Suzanne Jeral 9/13/18
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

Humphrey, Vera

From: Swope, David
Sent: Tuesday, October 9, 2018 4:39 PM
To: Humphrey, Vera
Subject: Check request
Attachments: Scanned from a Xerox Multifunction Printer.pdf

Hello Vera,

Please provide a check release for the attached services by Mervin Belisle. This was part of the Diversity back to school student club gathering. The contract was signed the day of and I wanted to provide a check the same day. I would like to give them the check by Thursday October 11, 2018.

Thanks,

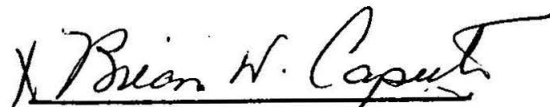
David A. Swope Sr.

Manager, Center for Student Diversity and Inclusion College of DuPage Student Affairs | 425 Fawell Blvd | Glen Ellyn, IL 60137 | SSC Office 2225E | swoped28@cod.edu | o: 630-942-2565 | c: 630.699.1881 | f: 630-942-2136

☐ Please consider the environment before printing this email.

-----Original Message-----

From: nieton108@cod.edu <nieton108@cod.edu>
Sent: Tuesday, October 09, 2018 3:05 PM
To: Swope, David <swoped28@cod.edu>
Cc: Nieto, Nancy <nieton108@cod.edu>
Subject: Scanned from a Xerox Multifunction Device



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

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:
Device Name: Printer-138

College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

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: 10/4/2018

Vendor ID: 151429

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
N/A		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: Mervin Besile

Other Instructions: Requesting check available by Friday October 5th for Pick up

Payee Address: 34 East 117th Place Chicago Illinois 60628

Description on Check:

For musical services rendered at the student club diversity welcome luncheon for the start of the school year.

Approvals:

Prepared By: David Swope Sr.

Approved By: David Swope Sr.

Date:

Signature:

Signature: 

Payment Due: 10/5/2018

Approved By:

Date:

Board Approved Date:

Signature: 

Approved By Division Vice President:

Date:

Signature:

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

*** Independent Contractor Agreement**

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

VENDOR NUMBER 1514294		AGREEMENT NUMBER: C088763		
ACCOUNT NUMBER/AMOUNT				
FUND 01	FUNCTION 30	DEPARTMENT 00446	OBJECT 530900	AMOUNT \$1,000
APPROVED—Supervisor, Purchasing				DATE 1 / 1

PART I. Complete PRIOR to performance of contractual services.

Name Marvin Belisle Tax I.D. #/S.S. # 360-80-4740
(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 (773) 329-0230 (No college employee may be paid as an independent contractor.)

Street 34 E. 117th Place

City, State, Zip Code Chicago IL 60628

Agrees to perform on Thursday, September 13, 2018 the following services for the College of DuPage:
Student Club Welcome Luncheon. 11:30-1:30 p.m.
2 hr playtime

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

The sum of \$ 1,000 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.

David A. Swage Sr. 9.13.18
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.

Marvin Belisle 9/13/18
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.)

David A. Swage Sr. 9.13.18
COLLEGE AUTHORIZED SIGNATURE DATE

COUNTER SIGNATOR (OPTIONAL) DATE

Jana Jeral 9/13/18
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