

Information:

Drawer: Finance

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

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

Invoice Number: C087920

Invoice Date:

PO Number:

Check Number: 0241623

Check Amount: \$ 800.00

Check Date: 10/17/2018

Voucher Number: V0528570

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)

V528570

VENDOR NUMBER 1245397		AGREEMENT NUMBER: C087920		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12031-5302001			
APPROVED-Supervisor, Purchasing				160.00
				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name VICTOR M. HERNERA 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 (630) 952-8147 (No college employee may be paid as an independent contractor.)

Street 933 BISHOP ST

City, State, Zip Code WEST CHICAGO ILL 60185

Agrees to perform on 9-13-2018 the following services for the College of DuPage:
DATE (S)

* E-MAIL refereevic@AOL.COM

Men's Soccer official College of DuPage vs. Waubesa 9/13/18

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

The sum of \$ 160 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

9/18/18
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

9-12-2018
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]
COLLEGE AUTHORIZED SIGNATURE

9/18/18
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

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.

Information:

Drawer: Finance

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

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

Invoice Number: C087932

Invoice Date:

PO Number:

Check Number: 0241623

Check Amount: \$ 800.00

Check Date: 10/17/2018

Voucher Number: V0529899

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

VENDOR NUMBER
1245397

AGREEMENT
NUMBER:

C087932

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12031-5302001			
				160.00
APPROVED-Supervisor, Purchasing				DATE
				1 / 1

PART I. Complete PRIOR to performance of contractual services.

Name **Victon M. HERNANDEZ** Tax I.D. #/S.S. # [REDACTED]

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

Phone Number **(630) 957-8147**

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

Street **933 BISHOP ST**

City, State, Zip Code **WEST CHICAGO ILL 60685**

Agrees to perform on **9-25-2018** DATE (S)

the following services for the College of DuPage:

* **E-MAIL refereevic@cd.edu**
Men's Soccer Official 9/25/18 COD vs. Kishwaukee

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

The sum of \$ **160** 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.


DEPARTMENT AUTHORIZED SIGNATOR

10/2/18
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 OF INDEPENDENT CONTRACTOR

9-25-2018

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.)


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

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:

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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.

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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.

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.

Information:

Drawer: Finance

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

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

Invoice Number: C087928

Invoice Date:

PO Number:

Check Number: 0241623

Check Amount: \$ 800.00

Check Date: 10/17/2018

Voucher Number: V0529900

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)

V 579900

VENDOR NUMBER 1245397		AGREEMENT NUMBER: C087928	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
	01-30-12031-5302001		
APPROVED-Supervisor, Purchasing			AMOUNT 160.00
			DATE 1 / 1

PART I. Complete PRIOR to performance of contractual services.

Name VICTOR M. HERNERA 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 (630) 957-8147 (No college employee may be paid as an independent contractor.)

Street 933 BISHOP ST

City, State, Zip Code WEST CHICAGO ILL 60185

Agrees to perform on 9-21-2018 the following services for the College of DuPage:
DATE (S)

#E-MAIL refereevic@aol.com

Women's Soccer Official COD vs. Triton 9/21/18

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

The sum of \$ 160 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] 9/27/18
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.

[Signature] 9-21-2018
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] 9/27/18
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

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:

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3. Always provide contractor with a copy of the agreement.

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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.

Information:

Drawer: Finance

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

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

Invoice Number: C088036

Invoice Date:

PO Number:

Check Number: 0241623

Check Amount: \$ 800.00

Check Date: 10/17/2018

Voucher Number: V0535016

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
1245397

AGREEMENT
NUMBER:

V 535010
C088036

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12031-5302001			160.00
APPROVED-Supervisor, Purchasing				DATE 1 / 1

PART I. Complete PRIOR to performance of contractual services.

Name VICTOR M. HERRERA

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

(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 (630) 957-8147

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

Street 933 BISHOP ST

City, State, Zip Code WEST CHICAGO IL 60185

Agrees to perform on 10/14/18 the following services for the College of DuPage:

WOMEN'S SOCCER official 10/14/18 COD vs. Kaskaskia.

Email: refereevic@aol.com

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

The sum of \$ 160 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

10/15/18
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.

H.C. [Signature]
SIGNATURE OF INDEPENDENT CONTRACTOR

10/14/18
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]
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

Information:

Drawer: Finance

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

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

Invoice Number: C087919

Invoice Date:

PO Number:

Check Number: 0241623

Check Amount: \$ 800.00

Check Date: 10/17/2018

Voucher Number: V0535017

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)

V535017
C087919

VENDOR NUMBER 1245397		AGREEMENT NUMBER:		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12031-5302001			
				160.00
APPROVED-Supervisor, Purchasing				DATE / /

W9 10/12/18

PART I. Complete PRIOR to performance of contractual services.

Name VICCON M. HENNERA Tax I.D. #/S.S. # [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.)
 Phone Number (630) 957-8147 (No college employee may be paid as an independent contractor.)
 Street 933 Bishop St
 City, State, Zip Code WEST CHICAGO ILL 60185
 Agrees to perform on 10-12-2018 the following services for the College of DuPage:
DATE (S)

* E-MAIL refereevic@aol.com
Women's Soccer official 10/12/18 COD vs. Trinity Christian.

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

The sum of \$ 160 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] 10/15/18
 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.

[Signature] 10-12-2018
 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] 10/15/18
 COLLEGE AUTHORIZED SIGNATURE DATE COUNTER SIGNATOR (OPTIONAL) DATE

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 (This agreement is VOID if amount exceeds \$5,000.00)

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