

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C087942

Invoice Date:

PO Number:

Check Number: 0241743

Check Amount: \$ 480.00

Check Date: 10/17/2018

Voucher Number: V0533818

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**

V0533818

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

✓ VENDOR W-9 9/22/18 CHK

VENDOR NUMBER 1197935		AGREEMENT NUMBER: C087942		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30	12061	5302001	160.00
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name MARVIN SHADE 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 (708) 254-9157 (No college employee may be paid as an independent contractor.)

Street 3212 Birchwood Drive

City, State, Zip Code HAZEL REST, IL 60429-1033

Agrees to perform on Football Official the following services for the College of DuPage:
DATE(S)
Football Official 9/22/18 Email: MShade@peoplepc.com
COD vs GMC

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

The sum of \$ 160.00 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]
DEPARTMENT AUTHORIZED SIGNATOR

9/27/18
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.

Marvin Shade
SIGNATURE OF INDEPENDENT CONTRACTOR

September 22, 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

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: Accounts Payable - Invoices

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

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

Invoice Number: C087954

Invoice Date:

PO Number:

Check Number: 0241743

Check Amount: \$ 480.00

Check Date: 10/17/2018

Voucher Number: V0533819

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**

V0533819

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

✓ VENDOR W-9 9/30/18 CHK

VENDOR NUMBER 1197935		AGREEMENT NUMBER: C087954		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12061-5302001			160.00
APPROVED-Supervisor, Purchasing				DATE 1 / 1

PART I. Complete PRIOR to performance of contractual services.

Name MARVIN SHADE 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 (708) 254-9157 (No college employee may be paid as an independent contractor.)

Street 3212 Birchwood Drive

City, State, Zip Code HAZEL CREST, IL 60429-1033

Agrees to perform on Saturday, September 30, 2018 the following services for the College of DuPage:
DATE(S)

Football Umpire 9/29/18 COD vs. ELLSWORTH Email: Mshade@peoplepc.com

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

The sum of \$ 160.00 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] 10/2/18
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 Shade September 30, 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] 10/2/18
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

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C090039

Invoice Date:

PO Number:

Check Number: 0241743

Check Amount: \$ 480.00

Check Date: 10/17/2018

Voucher Number: V0535025

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 1197935		AGREEMENT NUMBER: C090039	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
	01-30-12061-5302001		
			160.00
APPROVED—Supervisor, Purchasing			DATE / /

* Independent Contractor Agreement

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

VENDOR **W-9** **10/6/18** **CHK**

10535025

PART I. Complete PRIOR to performance of contractual services.

Name **MARVIN SHADE** 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 **(708) 254-9157** (No college employee may be paid as an independent contractor.)

Street **3212 Birchwood Drive**

City, State, Zip Code **HAZEL CREST, IL 60429-1033**

Agrees to perform on **Saturday, October 16, 2018** the following services for the College of DuPage:
DATE (S)

Football Official for 10/6/18

Football Official 10/6/18 COD VS. ERIE

Email: **MShade@Peoplepc.com**

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

The sum of \$ **160.00** 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.


DEPARTMENT AUTHORIZED SIGNATORY

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.

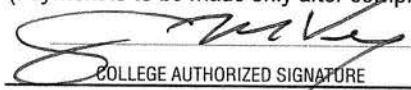
I agree with the terms stated above and certify that I have received a copy of the contractual agreement.


SIGNATURE OF INDEPENDENT CONTRACTOR

October 16, 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