

Information:

Drawer: Accounts Payable - Invoices
Number: **** Other Redaction ****
Name: **** Other Redaction ****
Invoice Number: C087943
Invoice Date:
PO Number:
Check Number: 0241770
Check Amount: \$ 320.00
Check Date: 10/17/2018
Voucher Number: V0533821
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

V0533821

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

VENDOR W-9 9/22/18 CHK

VENDOR NUMBER 1291746		AGREEMENT NUMBER: C087943	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
	01-30	12061	5302001
			160.00
APPROVED-Supervisor, Purchasing			DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name Scott Vandermoon 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 (773) 447-9984 (No college employee may be paid as an independent contractor.)

Street 121 S. Ashland Ave

City, State, Zip Code Palatine IL 60074

Agrees to perform on 9/22/18 the following services for the College of DuPage:
DATE (S)

Football Official 9/22/18 COD vs GMC Email: SVANDERMOON@gmail.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] 9/22/18
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] 9/22/18
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.)

[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

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C090021

Invoice Date:

PO Number:

Check Number: 0241770

Check Amount: \$ 320.00

Check Date: 10/17/2018

Voucher Number: V0535024

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 1291746		AGREEMENT NUMBER: C090021		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	01-30-12061-5302001			160.00
APPROVED—Supervisor, Purchasing				DATE 1 / 1

*** Independent Contractor Agreement**

V0535024

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

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

PART I. Complete PRIOR to performance of contractual services.

Name **Scott Vandermoon** 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 **(773) 447-9984** (No college employee may be paid as an independent contractor.)

Street **121 S. Ashland Ave**

City, State, Zip Code **JALATHE IL 60074**

Agrees to perform on **10/6/18** the following services for the College of DuPage:
Football Official 10/6/18 COD vs. Erie

Email: **SVANDERMOON@gmail.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]
DEPARTMENT AUTHORIZED SIGNATOR

10/5/18
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

10/6/18
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] **10/15/18**
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

From: marekr@cod.edu
Sent: Tue Oct 16 18:44:17 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: Tuesday, October 16, 2018 6:39 PM 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]