

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088060

Invoice Date:

PO Number:

Check Number: E0069626

Check Amount: \$ 760.00

Check Date: 10/10/2018

Voucher Number: V0533805

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

22

**\* Independent Contractor Agreement**

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

VENDOR NUMBER 1531753		AGREEMENT NUMBER: C088060		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12031	5302001	200.00
APPROVED—Supervisor, Purchasing				DATE / /

VENDOR W-9 9/1/18 ACH

**PART I. Complete PRIOR to performance of contractual services.**

Name THOMAS A RICHARDS 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) 466-0119 (No college employee may be paid as an independent contractor.)

Street PO Box 591

City, State, Zip Code SUGAR GROVE, IL 60554-0591 betinho@att.net

Agrees to perform on DATE (S) the following services for the College of DuPage:  
Volleyball Officiating - 2 matches  
Women's Volleyball Official CHAPARRA Invite 9/1/18

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

The sum of \$ 200.00 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] 9/18/18  
 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]  
 SIGNATURE OF INDEPENDENT CONTRACTOR

Sept. 1, 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] 9/18/18  
 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

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From: marekr@cod.edu  
Sent: Wed Oct 10 09:13:01 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Scanned from a Xerox Multifunction Device  
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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, October 10, 2018 9:12 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]

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088050

Invoice Date:

PO Number:

Check Number: E0069626

Check Amount: \$ 760.00

Check Date: 10/10/2018

Voucher Number: V0533807

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 <b>1531753</b>		AGREEMENT NUMBER: <b>C088050</b>	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
	<b>01-30-12031-5302001</b>		
			<b>300.00</b>
APPROVED-Supervisor, Purchasing			DATE / /

**\* Independent Contractor Agreement**

**V0533807**

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

**VENDOR W-9 8/31/18 ACH**

**PART I. Complete PRIOR to performance of contractual services.**

Name THOMAS A RICHARDS 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) 466-0119 (No college employee may be paid as an independent contractor.)

Street PO Box 591 betonho@att.net

City, State, Zip Code SUGAR GROVE, ILLINOIS 60554-0591

Agrees to perform on August 31, 2018 + September 1, 2018 the following services for the College of DuPage:  
Volleyball Officiating - 3 matches.

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.

[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

Aug 31, 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

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C087903

Invoice Date:

PO Number:

Check Number: E0069626

Check Amount: \$ 760.00

Check Date: 10/10/2018

Voucher Number: V0533808

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  
**1531753**

AGREEMENT  
NUMBER: **C087903**

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	<b>01-30-12031-5302001</b>			<b>130.00</b>
APPROVED-Supervisor, Purchasing				DATE / /

**\* Independent Contractor Agreement**

**V0533808**

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

✓ VENDOR **W-9 9/18/18 ACH**

**PART I. Complete PRIOR to performance of contractual services.**

Name **Thomas A Richards**

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) 466-0119**

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

Street **PO Box 591**

City, State, Zip Code **Sugar Grove, IL 60554-0591**

Agrees to perform on **Sept 18, 2018** the following services for the College of DuPage:

DATE (S)

**Volleyball officiating**  
**Volleyball official COB vs. North Central 9/18/18.**  
**Email: betinho@att.net**

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

The sum of \$ **130.00** 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

**9/21/18**  
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

**9/18/18**  
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.)

  
COLLEGE AUTHORIZED SIGNATURE

**9/21/18**  
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

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C085093

Invoice Date:

PO Number:

Check Number: E0069626

Check Amount: \$ 760.00

Check Date: 10/10/2018

Voucher Number: V0533814

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 <b>1531753</b>	AGREEMENT NUMBER: <b>C085093</b>
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# \* Independent Contractor

## Agreement

**V0533814**

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

 ✓ VENDOR **W-9 9/20/18 ACH**

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
	<b>01-30-12031-5302001</b>			
				<b>130.00</b>
APPROVED—Supervisor, Purchasing				DATE / /

### PART I. Complete PRIOR to performance of contractual services.

 Name Thomas A Richards  
 (PLEASE PRINT NAME IN ALL CAPITAL LETTERS.)

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

 Phone Number (630) 466-0119

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

 Street PO Box 591

 City, State, Zip Code Sugar Grove, IL 60554-0591

 Agrees to perform on Sept 20, 2018  
 DATE (S)

the following services for the College of DuPage:

Volleyball Officiating  
Women's Volleyball Official 9/20/18 COB vs. Triton  
Email: betinhoeatt@net

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

 The sum of \$ 130.00 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 SIGNATOR

DATE

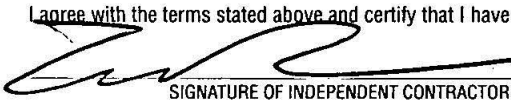
All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.

(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 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.)


 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