

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088614

Invoice Date:

PO Number:

Check Number: E0069781

Check Amount: \$ 506.00

Check Date: 10/17/2018

Voucher Number: V0535037

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

FY19

*** Independent Contractor Agreement**

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

VENDOR W-9 10/4/18

ACH

VENDOR NUMBER 1432310		AGREEMENT NUMBER: C088614		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	90	00825	5309001	506.00
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

email: diane@dmsphotography.com

Name Diane Smutny

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

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (630) 887-1050

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

Street 332 Coventry Ct

City, State, Zip Code Clarendon Hills IL 60514

Agrees to perform on Thursday Oct 4, 2018 the following services for the College of DuPage:

DATE (S)

photo shoot @ cos salon in Addison for Engage.

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

The sum of \$ 506.00 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

10-4-18

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

10-4-18

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 SIGNATOR

DATE

10-5-18

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



DIANE M. SMUTNY
- photography

Invoice

DATE 10/5/2018

INVOICE # 23400

BILL TO: College of DuPage
Louis Demas
425 Fawell Blvd.
Glen Ellyn, IL 60137

FROM: DMS Photography / Diane M. Smutny
332 Coventry Ct
Clarendon Hills, IL 60514
630.887.1050
diane@dmsphotography.com

QUANTITY	DESCRIPTION	SERVICED	RATE	AMOUNT
1	Portrait Photography: 1st hour / Jason Kelly	10/4/2018	250.00	250.00
1	Portrait Photography: add'l hours / Jason Kelly	10/4/2018	175.00	175.00
	Edit & File Process		50.00	50.00
	ftp Delivery		15.00	15.00
	Mileage Reimbursement		16.00	16.00

(X)

CO 88614

10-5-18

Total \$506.00

DUE DATE 11/5/2018

Please make checks payable to DMS Photography
THANK YOU!

From: marekr@cod.edu
Sent: Tue Oct 16 18:45:44 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 6:42 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]