

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088626

Invoice Date:

PO Number:

Check Number: E0069833

Check Amount: \$ 3,650.00

Check Date: 10/17/2018

Voucher Number: V0535033

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

VENDOR NUMBER
1431717

AGREEMENT
NUMBER:

C088626

*** Independent Contractor
Agreement**

V0535033

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

ACH

VENDOR W-9 8/20/18

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01-90-00825-530900				850.00
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

email: tori@trisaper.com

Name Tori Saper Photography
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 4 OF THE W-9 FORM)

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number 773 315-1350

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

Street 2734 East Ave

City, State, Zip Code Berwyn IL 60402

Agrees to perform on Monday Aug 20, 2018
DATE (S)

the following services for the College of DuPage:

headshots, environmental portraits and editorial style
photography of Sam Kartman - for Engage
Community publication

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

The sum of \$ 850.00 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

8-20-18
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

8-20-18
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

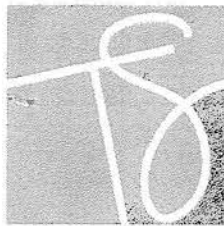
8-21-18
DATE

[Signature]
COUNTER SIGNATOR (OPTIONAL)

9-19-18
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



COD | Sam Kaufman
Invoice # 60298 9/20/18

To:

College of DuPage

425 Fawell Blvd
Glen Ellyn, IL 60137

From:

Tori Soper Photography

773-315-1350
tori@torisoper.com

2734 East Avenue
Berwyn, IL 60402

Item	Qty/Hrs	Tax	Price	Total
Creative Fee Includes editing, web gallery, retouched final images and licensing	1		\$600.00	\$600.00
First Assistant	1		\$250.00	\$250.00

Payment Schedule

Status	Due Date	Amount Due
Unpaid	10/26/18	\$850.00

Subtotal: \$850.00
Tax: \$0.00
Total: \$850.00

PAYMENTS

Remainder: \$850.00

Advance invoices are due within 5 days of completing the contract. Final invoice payments are due within 30 days of receipt.

Late payments will be billed a \$20.00/month handling fee and 1.5%/month interest.

Thanks in advance for your prompt payment!


9-21-18

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C086587

Invoice Date:

PO Number:

Check Number: E0069833

Check Amount: \$ 3,650.00

Check Date: 10/17/2018

Voucher Number: V0535034

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 1431717		AGREEMENT NUMBER: C086587		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01-90-00	825-5309001			850.00
APPROVED-Supervisor, Purchasing				DATE / /

*** Independent Contractor Agreement**

✓0535034

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

ACH

VENDOR W-9 8/29/18

PART I. Complete PRIOR to performance of contractual services.

Email: tori@torisuper.com

Name **Tori Soper Photography**
(PLEASE PRINT NAME IN ALL CAPITAL LETTERS.)

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number **773 315-1350**

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

Street **2734 East Ave**

City, State, Zip Code **Berwyn IL 60402**

Agrees to perform on **Wed, Aug 29, 2018** the following services for the College of DuPage:
DATE (S)

headshots, environmental portraits and editorial style photography of Raquel Black - for Engage Community publication.

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

The sum of \$ **850.00** 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

8-30-18
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

8-29-18
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

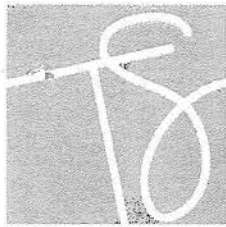
DATE

[Signature]
COUNTER SIGNATOR (OPTIONAL)

9-19-18
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



COD | Raquel Black
Invoice # 60303 9/20/18

To:
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

From:
Tori Soper Photography
773-315-1350
tori@torisoper.com
2734 East Avenue
Berwyn, IL 60402

Item	Qty/Hrs	Tax	Price	Total
Creative Fee Includes editing, web gallery, retouched final images and licensing	1		\$600.00	\$600.00
First Assistant	1		\$250.00	\$250.00

Payment Schedule

Status	Due Date	Amount Due
Unpaid	10/26/18	\$850.00

Subtotal: \$850.00
Tax: \$0.00
Total: \$850.00


PAYMENTS

Remainder: \$850.00

Advance invoices are due within 5 days of completing the contract. Final invoice payments are due within 30 days of receipt.

Late payments will be billed a \$20.00/month handling fee and 1.5%/month interest.

Thanks in advance for your prompt payment!


9-21-18

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088628

Invoice Date:

PO Number:

Check Number: E0069833

Check Amount: \$ 3,650.00

Check Date: 10/17/2018

Voucher Number: V0535035

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

VENDOR NUMBER
1431717

AGREEMENT
NUMBER: C088628

*** Independent Contractor
Agreement**

✓0535035

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

VENDOR W-9 9/7/18 ACH

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01-90	00825	530	9001	950.00
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Email: tori@torisuper.com

Name Tori Super Photography 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 773 315-1350 (No college employee may be paid as an independent contractor.)

Street 2734 East Ave.

City, State, Zip Code Berwyn IL 60402

Agrees to perform on Mon Sept 17 the following services for the College of DuPage:
DATE (S)

headshots, environmental portraits of Maddy Peterson -
for Engage Community publication.

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

The sum of \$ 950.00 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] 9-7-18
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

9-7-18
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

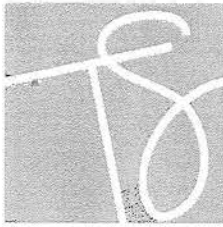
DATE

[Signature]
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



COD | Maddy Peterson

Invoice # 60313 9/20/18

To:

College of DuPage

425 Fawell Blvd
Glen Ellyn, IL 60137

From:

Tori Soper Photography

773-315-1350
tori@torisoper.com

2734 East Avenue
Berwyn, IL 60402

Item	Qty/Hrs	Tax	Price	Total
Creative Fee Includes editing, web gallery, retouched final images and licensing	1		\$700.00	\$700.00
First Assistant	1		\$250.00	\$250.00

Payment Schedule

Status	Due Date	Amount Due
Unpaid	10/26/18	\$950.00

Subtotal: \$950.00

Tax: \$0.00

Total: \$950.00

PAYMENTS

Remainder: \$950.00

Advance invoices are due within 5 days of completing the contract. Final invoice payments are due within 30 days of receipt.

Late payments will be billed a \$20.00/month handling fee and 1.5%/month interest.

Thanks in advance for your prompt payment!

9-25-18

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088612

Invoice Date:

PO Number:

Check Number: E0069833

Check Amount: \$ 3,650.00

Check Date: 10/17/2018

Voucher Number: V0535036

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 1431717		AGREEMENT NUMBER: C088612		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	90	00	825-5309001	1000.00
APPROVED-Supervisor, Purchasing				DATE / /

*** Independent Contractor Agreement**

V0535036

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

VENDOR W-9 9/14/18 ACH

PART I. Complete PRIOR to performance of contractual services.

email: tori@torisuper.com

Name Tori Super Photography 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 773 315-1350 (No college employee may be paid as an independent contractor.)

Street 2734 East Ave

City, State, Zip Code Berwyn IL 60402

Agrees to perform on Tues Sept 18 the following services for the College of DuPage:
DATE (S)

Fire Science / Fire Fighter HEC bldg 6-9pm -
for Engage Community publication

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

The sum of \$ 1000.00 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] 9-14-18
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

9-14-18
DATE

PART II. Complete AFTER performance of contractual services.

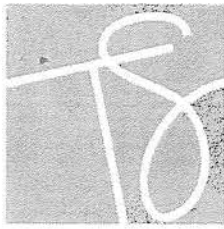
Authorized Signator certifies that the contractual services described in Part I above were completed satisfactorily and authorizes payment in full. (Payment is to be made only after completion of the contractual service.)

[Signature] 9-19-18
COLLEGE AUTHORIZED SIGNATURE DATE

[Signature]
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



COD | Fire Academy
Invoice # 60315 9/20/18

To:
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

From:
Tori Soper Photography
773-315-1350
tori@torisoper.com

2734 East Avenue
Berwyn, IL 60402

Item	Qty/Hrs	Tax	Price	Total
Creative Fee Includes web gallery, retouching, delivery and licensing	1		\$750.00	\$750.00
First Assistant	1		\$250.00	\$250.00

Payment Schedule

Status	Due Date	Amount Due
Unpaid	10/26/18	\$1,000.00

Subtotal: \$1,000.00
Tax: \$0.00
Total: \$1,000.00


PAYMENTS

Remainder: \$1,000.00

Advance invoices are due within 5 days of completing the contract. Final invoice payments are due within 30 days of receipt.

Late payments will be billed a \$20.00/month handling fee and 1.5%/month interest.

Thanks in advance for your prompt payment!

(X) 
9-25-18

From: marekr@cod.edu
Sent: Tue Oct 16 18:45:38 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 6:41 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]