

Information:

Drawer: Finance

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

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

Invoice Number: C088727

Invoice Date:

PO Number:

Check Number: 0244159

Check Amount: \$ 3,200.00

Check Date: 11/01/2018

Voucher Number: V0540965

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

College of DuPage - Accounts Payable  
Check Request Form  
revised 3/27/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 10/3/2018  
Vendor ID: 1563382

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088727		05	60	11701	5309001	Other Contractual Services Exp	\$ 3,200.00
Grand Total							\$ 3,200.00

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Richard Hirschl  
Payee Address: 360 E Randolph St #1604  
Chicago, IL 60601

Other Instructions: Must have check for 11/03/18 performance.

Description on Check:

Soloist New Philharmonic Orchestra "Richard Hirschl" Concert 11/03-04/18 75 SOLOIST NP19\_HIRSCHL

Please hold check for pickup by  
Ellen McGowan (x3009).

Need by: 11/02/18  
Thank you!

Approvals:

Prepared By: Ellen McGowan  
Signature: *Ellen McGowan*  
Payment Due: \_\_\_\_\_  
Board Approved Date: \_\_\_\_\_

Approved By: Ellen McGowan  
Signature: *Ellen McGowan*  
Approved By: \_\_\_\_\_  
Signature: *Kid Outman*  
Approved By Division VP: \_\_\_\_\_  
Date: \_\_\_\_\_

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)

015 01

0.034

VENDOR NUMBER <b>1563382</b>		AGREEMENT NUMBER: <b>C088727</b>		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	62	11701	5309001	3,200.00
APPROVED—Supervisor, Purchasing				DATE / /

**\* Independent Contractor Agreement**

(Not to be used for contracts in excess of \$5,000.00) **NP 75 NPI9-HIRSCHL**

**W9 3/20/18**

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

Name **RICHARD HIRSCHL** Tax I.D. #/S.S. # [REDACTED]  
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

Phone Number **(312) 543-6075** **X** (No college employee may be paid as an independent contractor.)

Street **360 E. RANDOLPH ST. #1604**

City, State, Zip Code **CHICAGO, IL. 60601**

Agrees to perform on **SATURDAY, NOVEMBER 3, 2018 AT 7:30 PM** the following services for the College of DuPage:  
DATE (S)

**AND SUNDAY, NOVEMBER 4, 2018 AT 3 PM AT THE McANINCH ARTS CENTER.**  
**DRESS REHEARSAL SAT. NOV. 3, 2018 AT 2 PM.**

**FEES \$1,500.00 PER CONCERT AND \$100.00 PER REHEARSAL - TOTAL \$3,200.00**

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

The sum of \$ **3,200.00** 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.

**Ellen McGowan**  
DEPARTMENT AUTHORIZED SIGNATOR

DATE

All independent contractors must also certify below regarding the status of any educational loans as required by (Must Check One)

☒ I certify that I am not in default on an educational loan guaranteed by the State in the amount of \$

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$ and make arrangements for repayment of this loan with the maker or guarantor within six months from the date of completion of this agreement.

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

**Richard Hirschl**  
SIGNATURE OF INDEPENDENT CONTRACTOR

Please hold check for pickup by  
**Ellen McGowan (x3009).**  
Need by: **11/02/2018**  
Thank you!

**3/26/18**  
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.)

**Ellen McGowan**

COLLEGE AUTHORIZED SIGNATURE

DATE

**Kirk Christensen**

COUNTER SIGNATOR (OPTIONAL)

DATE

~~MUST HAVE CHECK FOR~~  
~~NOVEMBER 3RD 2018~~  
~~PERFORMANCE~~

\*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

1563382

11/01/2018

0244159

C088727

V0540965

SOLOIST

0560117015309001

3,200.00

*Ellen M. Gordon*  
*11/2/18.*

3,200.00

0244159

PAY ONLY THREE THOUSAND TWO HUNDRED AND 00/100 DOLLARS

11/01/2018

\$\*\*\*\*\*3,200.00

Richard W. Hirschl  
360 E Randolph St, #1604  
Chicago IL 60601