

Information:

Drawer: Finance

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

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

Invoice Number: C088670

Invoice Date:

PO Number:

Check Number: 0244463

Check Amount: \$ 100.00

Check Date: 11/14/2018

Voucher Number: V0535004

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

Voucher

Voucher Number V0535004
 Voucher Amount \$100.00
 Vendor ID and/or Name 1563947 Brandon Coleman

Voucher Status In Progress (Unfinished) AP Type IM Services \$100.00
 Voucher Date 10/16/18 Voucher Maintenance Date 10/16/18 Date Due 11/15/18
 Invoice Number IC-088670 Invoice Date 10/16/18
 Check/Transaction Number 10/23/18 - MARIA ZERRUDO

Created from Document

Item	Description	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Video for CD Fall Fusion.		1.000		100.0000	100.00	01-30-12211-5309001 College Dance : Other Contractual Services Exp	IC-088670		1099MI NEC IL	

Comments

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.
 Video for CD Fall Fusion, 11/02/18
 88 Videographer CD19_FALLSHOW

Approval Date Next Approval

Ellen M. Moran

OK

10/16/18

VENDOR NUMBER 1563947		AGREEMENT NUMBER: C088670	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
01	30	12211	5309001
			AMOUNT \$100.00
APPROVED-Supervisor, Purchasing			DATE 10/16/18

*** Independent Contractor Agreement**

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

VIDEOGRAPHER

FALLSHOW
CD19-~~11/10/18~~

PART I. Complete PRIOR to performance of contractual services.

Name Brandon Coleman Tax I.D. #/S.S. # [REDACTED]
(THIS NAME SHOULD BE THE SAME AS LINE 1 OF THE W-9 FORM)

Phone 281-639-2393 (No college employee may be paid as an independent contractor)

Street 189 Claremont Ave #62

City, State, Zip Code New York, NY 10027

Agrees to perform on 10/10/18 the following services for the College of DuPage:
DATE (S)

VIDEOGRAPHER FOR COLLEGE DANCE FALL SHOW

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

The sum of \$100.00 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.

Ella M. Loman
DEPARTMENT AUTHORIZED SIGNATOR

10/10/18
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.

B. Coleman
SIGNATURE OF INDEPENDENT CONTRACTOR

10/10/18

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.)

Ella M. Loman 10/18/18

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