

Information:

Drawer: Finance

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

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

Invoice Number: C085764

Invoice Date:

PO Number:

Check Number: 0244563

Check Amount: \$ 500.00

Check Date: 11/14/2018

Voucher Number: V0541222

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

Kerby, Susan

From: acctpay@cod.edu
Sent: Monday, November 05, 2018 8:56 AM
To: Kerby, Susan
Subject: Voucher Confirmation: V0541222

Vendor

Voucher Number V0541222
Voucher Status In Progress (Unfinished)

Requestor Name Ms Susan B. Kerby

Voucher Date 11/05/18
Due Date 11/06/20
Vendor ID and/or Name 1564983 Curtis M. Keyes, Jr
AP Type IM Invoices < \$15,000
Voucher Total \$500.00

ITEM 1
Item Description Africa Committee event
Quantity 1.000
Price \$500.0000
Extended Price \$500.00
GL Distribution 01-10-00389-5509001

COMMENTS

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

Africa Committee presentation honorarium

APPROVAL DATE

Susan B. Kerby
NEXT APPROVALS

000
07.2 77
0.234

VENDOR NUMBER
1564983

AGREEMENT
NUMBER: **C085764**

*** Independent Contractor
Agreement**

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

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	10	00389	550900	500
APPROVED—Supervisor, Purchasing				DATE / /

W9 10/8/18 Honorarium

PART I. Complete PRIOR to performance of contractual services.

Name Curtis Keyes Tax ID #/S.S. # [REDACTED]
(PLEASE PRINT NAME IN ALL CAPITAL LETTERS.) (ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (312) 497-3579 (No college employee may be paid as an independent contractor.)

Street 5541 S Everett Avenue email: ckeyes1@ccc.edu

City, State, Zip Code Chicago IL 60637

Agrees to perform on Mon, 10/29/18 the following services for the College of DuPage:
DATE (8)
Africa + Africa Diaspora Committee
"MLK - 50 yrs" presentation

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

The sum of \$ 500 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.

Maren Meyer 10/29/18
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.

Curtis Keyes
(SIGNATURE OF INDEPENDENT CONTRACTOR)

10/29/18
(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.)

Maren Meyer 10/30/18
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