

Information:

Drawer: Finance

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

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

Invoice Number: C088737

Invoice Date:

PO Number:

Check Number: 0244572

Check Amount: \$ 1,500.00

Check Date: 11/14/2018

Voucher Number: V0542242

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: 11/6/2018
Vendor ID: 1296540

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088737		05	60	11701	5309001	Other Contractual Services Exp	\$ 1,500.00
Grand Total							\$ 1,500.00

--- \$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.

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

Payee Name: Michael LaTour

Other
Instructions:

Need by: 11/19/18
Thank you!

Payee Address: 10258 Burgoyne Rd
Berrien Sprints, MI 49103

Description on Check:

Stage Director (Phase 2, Planning, Set Design, & Production) New Philharmonic "Die Fledermaus" 08/01/2018-10/31/2018 84 Stage Director NP19_DIEFLEDER

Approvals:

Prepared By: Ellen McGowan
Signature: Ellen McGowan
Payment Due: _____
Board Approved Date: _____

Approved By: Ellen McGowan Date: 11/7/18
Signature: Ellen McGowan
Approved By: _____ Date: _____
Signature: Kim Chun Date: 11/8/18
Approved By Division VP: _____
Signature: _____

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

016 11

0.334

NP19 - DIEFLER

1296540

VENDOR NUMBER [REDACTED]		AGREEMENT NUMBER: C088737		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	60	11701	5309001	1,500.00
APPROVED - Supervisor, Purchasing				DATE 1 / 1

*** Independent Contractor Agreement**

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

NP19 - DIEFLER

W9 4/15/18

NP 84

PART I. Complete PRIOR to performance of contractual services.

Name MICHAEL HA TOUR 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 (773) 294-0066 (No college employee may be paid as an independent contractor.)

Street 10258 BURGONE RD.

City, State, Zip Code BERRIEN SPRINGS, MI 49103

Agrees to perform on 8/1/2018 - 10/31/2018 the following services for the College of DuPage:

PLANNING, SET DESIGN, AND PRODUCTION OF OPERA "DIE FLEDERMAUS" AS STAGE DIRECTOR - PHASE 2

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

The sum of \$ 1,500.00 will be paid to the independent contractor upon completion of all taxes related to income from the above services. The contractor understands that he/she is any insurance coverage such as workers compensation, medical, property & liability including

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

This is a "work for hire" agreement. All rights to materials produced or products from service perpetuity.

Need by: 11/19/18 Thank you!

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

6/20/18
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

6-15-18
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 11/7/18
COLLEGE AUTHORIZED SIGNATURE DATE

Kirk [Signature] 11/8/18
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

1296540

11/14/2018

0244572

C088737

V0542242

STAGE DIRECTOR

0560117015309001

1,500.00



Ever M. Loran

11/16/18.

1,500.00

0244572

PAY ONLY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

11/14/2018

\$*****1,500.00

Michael T. La Tour
10258 Burgoyne Rd
Berrien Springs MI 49103