

Information:

Drawer: Finance

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: IC-088675

Invoice Date:

PO Number:

Check Number: 0244669

Check Amount: \$ 100.00

Check Date: 11/14/2018

Voucher Number: V0540573

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

EMPLOYEES

Welcome Molly!

Voucher
Student 540573

Voucher Number V0540573

Voucher Amount \$100.00

Vendor ID and/or Name

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 10/29/18 Voucher Maintenance Date 10/29/18 Due Date 11/08/18

Invoice Number IC-088675 Invoice Date 10/29/18

Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
10/28/18 Dance Lessons		1.000		100.0000	100.00	01-30-12241-5309001 College Instrumental Other Contractual Services Exp	IC-088675		1099MI NEC IL	

Comments

WARNING: All line items on this document have
been populated with default tax form

Information from the chosen vendor

10/28/18 Dance Lessons DP Comm Jazz

82 Choreographer CM19_DPCOJAZ01

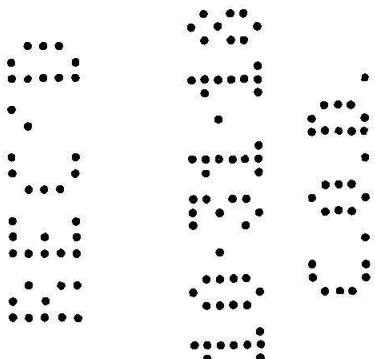
Approval Date Next Approval

[Signature]

OK

10/29/18

myACCESS



Student
82

VOUCHER# V0540573

VENDOR NUMBER

AGREEMENT
NUMBER:

C088675

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12241	530900	\$100.00
APPROVED-Supervisor, Purchasing				DATE : 10/29/18

***Independent Contractor Agreement**

CHOREOGRAPHER

CM19-DPCOJAZZ01

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

PART I. Complete PRIOR to performance of contractual services.

Name

Phone

Street

City, S

Agrees to perform on SUNDAY, Oct. 28, 2018 the following services for the College of DuPage:

DATE (S)

DANCE lessons for DuPage Community JAZZ
DANCE

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.

Ellen McElwain
DEPARTMENT AUTHORIZED SIGNATOR

10-28-18
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.

of the contractual agreement.

10/28/18

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 McElwain 10/29/18
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

V540573