

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088184

Invoice Date:

PO Number:

Check Number: 0244687

Check Amount: \$ 450.00

Check Date: 11/14/2018

Voucher Number: V0540922

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

FY19

VENDOR NUMBER
1180652

AGREEMENT NUMBER: C088184

*** Independent Contractor Agreement**

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

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
0190-16	815-530	9001		450.00
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name CINDY SURMAN Tax I.D. #/S.S. # [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM) (ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (708) 227-3551 (No college employee may be paid as an independent contractor.)

Street 3001 Terry Lane
City, State, Zip Code BROADVIEW IL 60155

Agrees to perform on 10-16-2018 the following services for the College of DuPage:
GFOA - Hair/Makeup
DATE (S)

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

The sum of \$ 450.00 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.

Juan P L
DEPARTMENT AUTHORIZED SIGNATOR

10/16/18
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.

Cindy Surman
SIGNATURE OF INDEPENDENT CONTRACTOR

10-16-2018
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.)

Juan P L
COLLEGE AUTHORIZED SIGNATURE

10/17/18
DATE

Wendy E. Park
COUNTER SIGNATOR (OPTIONAL)

10/16/18
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

V540922

From: marekr@cod.edu
Sent: Wed Nov 14 11:18:24 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

Bobby Marek Accounts Payable Analyst Cash Disbursements/Payroll Department College of DuPage 425
Fawell Blvd 1 SRC 2132 1 Glen Ellyn, IL 60137-6599 phone 630-942-2229 1 marekr@cod.edu -----Original
Message----- From: marekr@cod.edu Sent: Wednesday, November 14, 2018 11:16 AM To: Marek, Robert
Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and
sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page Multifunction Printer
Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]