

Information:

Drawer: Accounts Payable - Invoices

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

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

Invoice Number: C088672

Invoice Date:

PO Number:

Check Number: 0244957

Check Amount: \$ 500.00

Check Date: 11/30/2018

Voucher Number: V0543742

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

V0543742
75

*** Independent Contractor Agreement**

SOLOIST

CM19-DPCHORAD1

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

VENDOR W9 11/6/18

VENDOR NUMBER 1270697		AGREEMENT NUMBER: C088042		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12181	5309001	\$500.00
APPROVED—Supervisor, Purchasing				DATE 11/19/18

PART I. Complete PRIOR to performance of contractual services.

Name **JOSEFIEN STOPPELENBURG**

Tax I.D. #/S.S. #

(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 **(847) 505 3584**

(No college employee may be paid as an independent contractor.)

Street **1829 WILMETTE AVE #C**

City, State, Zip Code **WILMETTE, IL 60091**

Agrees to perform on **12/02/2018**

DATE (S)

the following services for the College of DuPage:

SOLOIST FOR DUPAGE CHORALE CONCERT - 12/02/2018

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

The sum of \$ **500.00** 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 M. Gowan
DEPARTMENT AUTHORIZED SIGNATOR

11/6/18
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.

Stoppeleburg
SIGNATURE OF INDEPENDENT CONTRACTOR

Nov 6/2018
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.)

Ellen M. Gowan

[Signature]

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

**MUST HAVE CHECK
FOR 12/02/18 PERFORMANCE
WILL PICK UP 11/30/18**

*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

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: 11/19/2018
Vendor ID: 1270697

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088672		01	30	12181	5309001	Other Contractual Services Exp	\$ 500.00
Grand Total							\$ 500.00

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.

Payee Name: Josefien Stoppelenburg Other Instructions: Must have check for 12/02/18 performance.

Payee Address: 1829 Wilmette Ave, Unit C
Wilmette, IL 60091

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

Description on Check:

Soloist DuPage Chorale "Baroque Masterworks" 12/02/2018 75 Soloist CM19_DPCHORA01

Need by: 11/30/18 Thank you!

Approvals:

Prepared By: Ellen McGowan Approved By: Ellen McGowan Date: 11/19/18
Signature: Ellen McGowan Signature: Ellen McGowan Date: 11/19/18
Payment Due: _____ Approved By: _____ Date: _____
Board Approved Date: _____ Signature: Brian N. Caputo Date: 11/28/18
Approved By Division VP: _____ Signature: _____

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

MEMO TO: Brian W. Caputo
FROM: Ellen McGowan
Business Manager, Arts Center
DATE: November 28, 2018
SUBJECT: Request for Manual Checks 6

Brian,

Please approve these manual check requests for payment to:

A.F.M. & E.P. Fund (New Phil Pension Nov Concert)	1,028.82
Ascencio Restaurants (Frida Kahlo Press Event 11/10/18)	128.88
Brunsheen, Scott (Soloist DuPage Chorale 12/02/18)	500.00
Chicago Federation of Musicians (New Phil Dues Nov Concert)	6.60
Gamez, Denise (Soloist DuPage Chorale 12/02/18)	500.00
Stoppelenburg, Josefien (Soloist DuPage Chorale 12/02/18)	500.00

These vendors need payment by the end of the week. We cannot wait until the next check run on December 14.

Thank you for your help and understanding.

Ellen McGowan

Manual check

X *Brian W. Caputo*

Attachments

Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs

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

Need by:

11/30/18 Thank you!

From: marekr@cod.edu
Sent: Fri Nov 30 10:18:10 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: Friday, November 30, 2018 10:14 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]

Information:

Drawer: Finance

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

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

Invoice Number: C088672

Invoice Date:

PO Number:

Check Number: 0244957

Check Amount: \$ 500.00

Check Date: 11/30/2018

Voucher Number: V0543742

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

1270697

11/30/2018

0244957

C088672

V0543742

12/2 SOLOIST PERFORMANCE

0130121815309001

500.00

Ann M. Loran

11/30/18

500.00

0244957

PAY ONLY FIVE HUNDRED AND 00/100 DOLLARS

11/30/2018

\$*****500.00

Josefien Stoppelenburg
1829 Willmette Ave Unit C
Wilmette IL 60091

V0543742
75

*** Independent Contractor Agreement**

SOLOIST

CM19-DPCHORADI

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

VENDOR W9 11/6/18

VENDOR NUMBER 1270697		AGREEMENT NUMBER: C088642		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12181	5309001	\$500.00
APPROVED-Supervisor, Purchasing				DATE 11/19/18

PART I. Complete PRIOR to performance of contractual services.

Name JOSEFIEN STOPPELENBURG 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: (847) 505 3584 (No college employee may be paid as an independent contractor.)

Street 1829 WILMETTE AVE #C

City, State, Zip Code WILMETTE, IL 60091

Agrees to perform on 12/02/2018 the following services for the College of DuPage:
DATE (S)
SOLOIST FOR DUPAGE CHORALE CONCERT - 12/02/2018

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

The sum of \$ 500.00 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.

Eileen M. Gowan 11/6/18
DEPARTMENT AUTHORIZED SIGNATOR DATE

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(Must Check One)

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Stoppeleburg
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Nov 6/2018
DATE

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Eileen M. Gowan
COLLEGE AUTHORIZED SIGNATURE

[Signature]
DATE

[Signature]
COUNTER SIGNATOR (OPTIONAL)

[Signature]
DATE

MUST HAVE CHECK
FOR 12/02/18 PERFORMANCE
WILL PICK UP 11/30/18

* 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

College of DuPage - Accounts Payable

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revised 3/27/17

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Grand Total							\$ 500.00

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Need by: 11/30/18 Thank you!

Approvals:

Prepared By: Ellen McGowan Approved By: Ellen McGowan Date: 11/19/18
Signature: Ellen McGowan Signature: Ellen McGowan Date: 11/19/18
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Board Approved Date: _____ Signature: Brian N. Caputo Date: 11/28/18
Approved By Division VP: _____ Signature: _____ Date: _____

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

01.02.17

0.0334

MEMO TO: Brian W. Caputo
FROM: Ellen McGowan
Business Manager, Arts Center
DATE: November 28, 2018
SUBJECT: Request for Manual Checks 6

Brian,

Please approve these manual check requests for payment to:

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Chicago Federation of Musicians (New Phil Dues Nov Concert)	6.60
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Thank you for your help and understanding.

Ellen McGowan

Attachments

Manual check

X *Brian W. Caputo*

Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs

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

Need by:
11/30/18 Thank you!