

Information:

Drawer: Finance

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

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

Invoice Number: C088748

Invoice Date:

PO Number:

Check Number: E0070508

Check Amount: \$ 500.00

Check Date: 11/21/2018

Voucher Number: V0542668

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

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: 11/15/2018
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088748		05	60	11601	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:

Other
Instructions:

Payee Address:

Description on Check:

Videographer "The Second City's Dysfunctional Holiday Revue TV Spot" (Inv# 1107 - Presto Productions) 11/14/18 76 VIDEOGRAPHER TR19_2CTYDYS

Approvals:

Prepared By:

Ellen McGowan

Approved By:

Ellen McGowan

Date:

Signature:

Ellen McGowan

Signature:

Ellen McGowan

11/15/18

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

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

VENUE NUMBER		AGREEMENT NUMBER: C088748	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
05	60	11601	5309001
			AMOUNT \$500.00
APPROVED-Supervisor, Purchasing			DATE
			11/15/18

*** Independent Contractor Agreement**

VIDEOGRAPHER
TR19-2CTYDYS

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

W9 3/2/18

PART I. Complete PRIOR to performance of contractual services.

Name

Phone

Street

City, S

Agrees to perform on 11/14/2018 the following services for the College of DuPage:
DATE(S)

VIDEOGRAPHER FOR THE SECOND CITY'S DYSFUNCTIONAL HOLIDAY REVUE (INV#1107) - PRESTO PRODUCTIONS

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.

Ella M. Gordon
DEPARTMENT AUTHORIZED SIGNATOR

11/13/18
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.

agreement.

11/13/18

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.)

Ella M. Gordon 11/15/18

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

Presto Productions



Invoice 1107

BILL TO

McAninch Arts Center
425 Fawell Boulevard
Glen Ellyn, Illinois 60137
U.S

DATE
11/14/2018

PLEASE PAY
\$500.00

DUE DATE
11/14/2018

ACTIVITY	QTY	RATE	AMOUNT
Video Editing The Second City's Dysfunctional Holiday Revue TV SPOT	1	500.00	500.00

TOTAL DUE

\$500.00

THANK YOU.

05-60-11601-5309001
76 VIDEOGRAPHER TR19-2CT4DYS

Ellen M. Moran

11/15/18