

Information:

Drawer: Finance

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

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

Invoice Number: C088671

Invoice Date:

PO Number:

Check Number: E0070509

Check Amount: \$ 500.00

Check Date: 11/21/2018

Voucher Number: V0542669

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: 11/15/2018
Vendor ID: 1528327

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
IC-088671		01	30	12211	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: Mikka Ela Olarte

Other
Instructions:

Payee Address: 1841 S Calumet Ave #1303
Chicago, IL 60616

Description on Check:

Guest Artist Fall Dance Fusion 11/02/2018 60 Artist CD19_FALLSHOW

Approvals:

Prepared By: Ellen McGowan
Signature: Ellen McGowan
Payment Due: _____

Approved By: Ellen McGowan Date: 11/15/18
Signature: Ellen McGowan
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

VENDOR NUMBER
152 8327

AGREEMENT
NUMBER: C088671

*** Independent Contractor Agreement** 60 ARTIST

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

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12211	5309001	500.00
APPROVED-Supervisor, Purchasing				DATE
				11/15/18

PART I. Complete PRIOR to performance of contractual services.

Name MIKKA ELA OLARTE Tax I.D. #/S.S. [REDACTED] (THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.) (CHECKED)

Phone Number (708) 571-5011 (No college employee may be paid as an independent contractor.)

Street 1841 S. CALUMET AVE. #1303

City, State, Zip Code CHICAGO, IL 60616

Agrees to perform on Nov. 2nd, 2018 the following services for the College of DuPage:
DATE (S)

Guest artist - Fall Dance Fusion

email: ELA.OLARTE24@GMAIL.COM

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. Gordon
DEPARTMENT AUTHORIZED SIGNATOR

11/2/18
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.

Mika Elarte
SIGNATURE OF INDEPENDENT CONTRACTOR

Nov. 2, 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. Gordon 11/14/18
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