

Information:

Drawer: Finance

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

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

Invoice Number: C089426

Invoice Date:

PO Number:

Check Number: 0266697

Check Amount: \$ 1,687.50

Check Date: 04/14/2020

Voucher Number: V0608410

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

From: cruseb199@cod.edu
Sent: Mon Mar 16 16:27:02 CDT 2020
To: invoicing@cod.edu
CC:
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]

*** Independent Contractor Agreement**

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

99
CONTRACTED
STAFF
G20-KAHLO

| | | | | |
|--|-----------|----------------------------------|----------------|-------------------------|
| VENDOR NUMBER 1602352 | | AGREEMENT NUMBER: C089426 | | |
| ACCOUNT NUMBER/AMOUNT | | | | |
| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
| 05 | 60 | 11999 | 5309004 | \$937.50 |
| APPROVED-Supervisor, Purchasing V1608410 | | | | DATE 03/04/20 |

PART I. Complete PRIOR to performance of contractual services.

Name Therese Peskowits 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 (847) 525 0051 (No college employee may be paid as an independent contractor.)

Street 700 W. Buclanham Place

City, State, Zip Code Chicago IL 60657

Agrees to perform on 02/06 - 02/27/2020 the following services for the College of DuPage:
DATE(S)

REGISTRARIAL SERVICES - FEBRUARY 2020:
on site consultation, document review, & correspondence

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

The sum of \$ 937.50 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. Moran 2-4-20
DEPARTMENT AUTHORIZED SIGNATOR 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.

[Signature]
SIGNATURE OF INDEPENDENT CONTRACTOR

2/5/2020
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.)

Eileen M. Moran
COLLEGE AUTHORIZED SIGNATURE

3/13/20
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

THERESE MARIE PESKOWITS

700 WEST BUCKINGHAM PLACE, CHICAGO, ILLINOIS USA (847) 525-0051
THERESE.PESKOWITS@GMAIL.COM

INVOICE

#20-08

Cleve Carney Museum of Art
McAninch Arts Center
425 Fawell Blvd
Glen Ellyn, IL 60137

Billing Date: March 3, 2020

PROJECT DESCRIPTION

Museum Registrar work for February 2020

2: Wed 6th: 9 – 11 am / onsite consultation
3: Mon 10th: 9 am – Noon / off site document review
2: Tue 11th: 9 am – 11 am / off site document review
2.5: Mon 17th: 2 pm – 4 pm / off site correspondence
1: Tue 18th: 1-2 pm / off site correspondence
1: Wed 19th: 1-2 pm / off site correspondence
.5: Wed 26th: 8-8:30 pm / off site correspondence
.5: Thu 27th: 11-11:30 am / off site correspondence

12.5 hours @ \$75/hr

Total costs: \$937.50

Elen M. Yaman
3/13/20

PLEASE SUBMIT PAYMENT TO:

Therese Marie Peskowits at the address listed above or via wire transfer to:

ABA#: 071000288
Account: 4806640824
Swift: HATRUS44

BMO HARRIS
3601 N Halsted Street
Chicago, IL 60657
USA

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1602352

Vendor Name: Therese M. Peskowits

Invoice Number: 20-11

Invoice Date: 04/03/20

PO Number:

Check Number: 0266697

Check Amount: \$ 1,687.50

Check Date: 04/14/2020

Department ID: 11999

Reviewer Name:

Voucher Number: V0616846

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: mcgowan@cod.edu
Sent: Mon Apr 06 09:56:21 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Peskowits Invoice

Please process. Thank you.

Ellen McGowan
Business Manager
McAninch Arts Center
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
Phone 630.942.3009
Fax 630.942.3002

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: 4/3/20
Vendor ID: 1602352

| Invoice Number | P.O. Number/ Req. Number | Fund | Func. | Dept. | Object | Object Descrip. | Amount |
|----------------|-----------------------------|------|-------|-------|---------|--------------------------|-----------|
| 20-11 | | 05 | 60 | 11999 | 5309004 | Performing Arts Services | \$ 750.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

AP VERIFIED
04/07/20 - BETHANY CRUSE
check the appropriate box below and sign

Grand Total \$ 750.00

☒ 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: Therese M. Peskowits

Other Instructions:

Payee Address:

Description on Check:

Registrarial Servives for March 2020 499 G20_KAHLO

Approvals:

Prepared By: Ellen McGowan
Signature: **APPROVED**
By Ellen McGowan at 9:52 am, Apr 06, 2020
Payment Due: April 17, 2020
Board Approved Date:

Approved By: Ellen McGowan Date:
Signature: **APPROVED**
By Ellen McGowan at 9:52 am, Apr 06, 2020
Approved By: Date:
Signature:
Approved By Division VP: Date:
Signature:

College of DuPage - Accounts Payable
Check Request Form
Notes:

Processing a Check Request

To expedite the processing of a Check Request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Purchasing Department. Payment cannot be made to a vendor until this process has completed.
2. Complete and review this Check Request Form and confirm that all relevant supporting documentation is attached.
3. Ensure the payee information is complete and includes the vendor’s Colleague ID number.
4. Ensure that the General Ledger Account number is included and correct.
5. Maintain a copy of the approved Check Request Form for department records.
6. Submit the completed Check Request Form to the Accounts Payable Department.

The Check Request Form will be returned to the Authorized Signer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

THERESE MARIE PESKOWITS

700 WEST BUCKINGHAM PLACE, CHICAGO, ILLINOIS USA (847) 525-0051
THERESE.PESKOWITS@GMAIL.COM

INVOICE

#20-11

Cleve Carney Museum of Art
McAninch Arts Center
425 Fawell Blvd
Glen Ellyn, IL 60137

Billing Date: April 1, 2020

PROJECT DESCRIPTION

Museum Registrar work for March 2020

March

- 1: Tue 3rd: Noon-1 pm / off site correspondence
- 1: Mon 9th: 9-10 am / off site correspondence
- 3: Wed 10th: 9–noon / on site meeting
- .5: Mon 16th: 10:30-11 am / Off site correspondence
- .5: Tues 17th: 10:30-11am / Off site correspondence
- 1: Fri 18th: 11am- Noon / Off site correspondence
- 3: Sat 28th: 1-1:30, 3 – 5:30 pm / contract amendments

10 hours @ \$75/hr

Total costs: \$750.00

APPROVED

By Ellen McGowan at 9:53 am, Apr 06, 2020

PLEASE SUBMIT PAYMENT TO:

Therese Marie Peskowits at the address listed above or via wire transfer to:

BMO HARRIS
3601 N Halsted Street
Chicago, IL 60657
USA