

Information:

Drawer: Finance

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

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

Invoice Number: C089433

Invoice Date:

PO Number:

Check Number: 0267817

Check Amount: \$ 1,200.00

Check Date: 05/12/2020

Voucher Number: V0620931

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: mcgowan@cod.edu
Sent: Wed Apr 22 11:06:15 CDT 2020
To: invoicing@cod.edu,zerrudom@cod.edu
CC:
Subject: Baron ICA 1200.00

Hi Marivic,

This is an ICA needing processing that I prefer not to send the ss through unprotected email.

Can you call me if you need the number for the form.

I will give you the hard copies when we return to the office.

Thank you.

If you need to call me, here's the number 630-205-3627.

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

VENDOR NUMBER

1595543

AGREEMENT
NUMBER:

C089433

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12211	5309004	\$1200.00
APPROVED-Supervisor, Purchasing				DATE / /

* Independent Contractor Agreement

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

PART I. Complete PRIOR to performance of contractual services.

Name

Francesca C Baron

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

(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

(ATTACHED)

Phone Number

(224) 210-3294

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

Street

655 Carriage Way

City, State, Zip Code

South Elgin IL 60177

Agrees to perform on

01/25/20 - 04/24/20

DATE (S)

the following services for the College of DuPage:

SPRING 2020 - GUEST CHOREOGRAPHY - SPRING DANCE

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

The sum of \$1200.00 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.

Eun M. Leonard

DEPARTMENT AUTHORIZED SIGNATOR

01/20/20

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.

Francesca C Baron

SIGNATURE OF INDEPENDENT CONTRACTOR

01-24-20

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.)

Eun M. Leonard

COLLEGE AUTHORIZED SIGNATURE

4/25/20

DATE

Mark Curtis Chavez

COUNTER SIGNATOR (OPTIONAL)

4/25/20

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