

Information:

Drawer: Finance

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

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

Invoice Number: C089431

Invoice Date:

PO Number:

Check Number: 0267870

Check Amount: \$ 400.00

Check Date: 05/12/2020

Voucher Number: V0620960

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 14:41:32 CDT 2020
To: invoicing@cod.edu
CC:
Subject: ICA McClellan

Please process the attached ICA. Thank you.
I will give paperwork to AP when we are back in the office.

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

* Independent Contractor Agreement

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

VENDOR NUMBER 1604421		AGREEMENT NUMBER: C089431	
ACCOUNT NUMBER/AMOUNT			
FUND	FUNCTION	DEPARTMENT	OBJECT
05	60	11999	5309044
			AMOUNT \$400
APPROVED—Supervisor, Purchasing			DATE 3/16/20

499 Contractor G20-KAHLOLOBBY

PART I. Complete PRIOR to performance of contractual services.

Name Andrew McCallister 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 (720) 840-7467 (No college employee may be paid as an independent contractor.)

Street 2520 W. Ardmore Ave #2

City, State, Zip Code Chicago IL 60651

Agrees to perform on 3/16/2020 the following services for the College of DuPage:
DATE (S)

Hand paint vehicle models for Kahlo exhibit.
400 is remainder of 800 total minus
downpayment of 50%

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

The sum of \$ 400 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 McCallister 3-16-20
 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

3-16-20
 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.)

Ellen McCallister 4/22/20
 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

From: mcgowan@cod.edu
Sent: Wed May 06 14:36:46 CDT 2020
To: invoicing@cod.edu
CC:
Subject: McClellan ICA

Bethany,
I sent this form before and am sending again with your required information.
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

* Independent Contractor Agreement

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

VENDOR NUMBER 1604421		AGREEMENT NUMBER: C089431		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	6011	999	5309004	\$400
APPROVED—Supervisor, Purchasing				DATE 3/16/20

499 Contractor G20-KAHLOLOBBY

PART I. Complete PRIOR to performance of contractual services.

Name Andrew McColligan 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 720 840 7467 (No college employee may be paid as an independent contractor.)

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City, State, Zip Code Chicago IL 60651

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DATE (\$)
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Ellen M. Moran 3-16-20
DEPARTMENT AUTHORIZED SIGNATOR DATE

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(Must Check One)

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☐ 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

3.16.20
DATE

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(Payment is to be made only after completion of the contractual service.)

Ellen M. Moran 4/22/20
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

Form **W-9** (Rev. 12-2014)

Andrew McClellan dba



VN 1604421

SPECIALIZED SIGN PAINTING
FOR BUSINESS, HOMES, AND ARTISTS

DBA HEART & BONE SIGNS
2520 West Ardmore Ave., #2
Chicago, IL 60659
720.840.7967
heartandbonesigns@gmail.com
heartandbonesigns.com

INVOICE

Date: April 22, 2020

Project: **1883**

Name/Address: Attn: Justin Witte
Cleve Carney Museum of Art

Project Description:

Two (2) hand painted toy cars, made to resemble painted images

QUOTE INCLUDES:

Materials
Labor
Design

Ellen McGowan
4/22/20

Deposit:	\$400.00 (PAID)
Final Payment:	\$400.00
TOTAL:	\$400.00

This work will be done in good faith, with excellent workmanship, and in a professional manner. Every effort will be made to complete the project in the agreed-upon time frame. Should a problem arise that could potentially cause a delay, the client will be contacted at once. The prices in this proposal will be honored provided there are no changes or unforeseen occurrences. Any necessary permitting is the responsibility of the building owner and/or business owner. Deposit required before any work begins. Final payment due 30 days upon completion. Price changes due to additions, subtractions, or other changes will be approved verbally or in writing if requested, before proceeding.