

Information:

Drawer: Finance

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

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

Invoice Number: C089868

Invoice Date: 03/11/20

PO Number:

Check Number: E0080109

Check Amount: \$ 150.00

Check Date: 05/20/2020

Voucher Number: V0622751

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: barriosi142@cod.edu
Sent: Sun May 17 18:05:36 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Approved IC Agreement Kerry Rieid CO89868

From: Refakes, Eugene <refakese@cod.edu>
Sent: Friday, May 15, 2020 4:22 PM
To: Barrios, Isabel <barriosi142@cod.edu>
Subject: Approved IC Agreement Kerry Rieid CO89868

Thanks,

Eugene Refakes
Manager, Financial Operations and Systems
Financial Affairs
College of DuPage
Phone | (630)942-3263 | E-Mail | refakese@cod.edu

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Thursday, May 14, 2020 12:14 PM
To: Refakes, Eugene <refakese@cod.edu>
Subject: Kerry Rieid CO89868.pdf

Hi Eugene,
Need this vetted thru HR.

Thank you.

Isabel Barrios
Accounts Payable Team Lead
Cash Disbursements/Payroll Department
College of DuPage
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599
phone 630-942-3412 | barriosi142@cod.edu





BPO # 36 5626

* Independent Contractor Agreement

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

VENDOR NUMBER 1573951		AGREEMENT NUMBER: C089868		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	150
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name KERRY M. REID Tax I.D. #/S.S. # [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM). (THIS SPACE IS FOR THE SIGNATURE OF THE INDEPENDENT CONTRACTOR)

Phone Number (773) 564-9104 (No college employee may be paid as an independent contractor.)

Street 7316 N. HONORE #305

City, State, Zip Code CHICAGO, IL 60626

Agrees to perform on _____ the following services for the College of DuPage:
PRE-RECORDED AUDIO PROGRAMMING FOR "THE ARTS SECTION" SEGMENT
"DUALING CRITICS" AIRING JAN/FEB/MAR 2020 3RD QTR

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

The sum of \$ 150 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.

Gary Zedich 3/11/20
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.

Kerry M. Reid
SIGNATURE OF INDEPENDENT CONTRACTOR

3/11/2020
DATE

to label
3/13/20

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.)

[Signature] 3/12/20
COLLEGE AUTHORIZED SIGNATURE DATE

Approved 05-15-20 Eugene Repsher
COUNTER SIGNATOR (OPTIONAL) DATE