

Information:

Drawer: Finance

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

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

Invoice Number: 090120

Invoice Date:

PO Number:

Check Number: E0081518

Check Amount: \$ 800.00

Check Date: 09/15/2020

Voucher Number: V0643879

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: acctpay@cod.edu
Sent: Wed Sep 09 12:11:39 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Independent Contract form and invoice

From: Metcalf, Marsha <metcalf@cod.edu>
Sent: Wednesday, September 9, 2020 12:04 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Independent Contract form and invoice

IC form and invoice for photography – Carrillo Photo

Thank you, Marsha

Marsha Metcalf
Administrative Assistant, Marketing and Communications
College of DuPage
425 Fawell Blvd., Glen Ellyn IL 60137
Phone (630) 942-3370 / Email metcalf@cod.edu
Office Location Institutional Resource Center (IRC) 1045

College of DuPage * Independent Contractor Agreement

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

* After final approver signs the completed form, send to invoicing@cod.edu.

VENDOR NUMBER 143112				
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	90	00825	5309001	800.00
APPROVED—Supervisor, Purchasing				DATE

PART I. Complete PRIOR to performance of contractual services.

Name Carrill Photography

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

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (812) 455-1820

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

Street 2156 W Full St #2000

City, State, Zip Code Chicago, IL 60612

Agrees to perform on 9/2/20 and 9/4/20 the following services for the College of DuPage:
DATE (S)

photography of various students observing/following COVID 19 guidelines

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

The sum of \$ 800.00 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 independent contractor.

Laurette Jorgensen

Digitally signed by Laurette Jorgensen
Date: 2020.08.31 11:36:08 -05'00'

DEPARTMENT AUTHORIZED SIGNATOR

08/31/2020

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 OF INDEPENDENT CONTRACTOR

[Signature]

DATE 09/01/2020

PART II. Complete AFTER performance of contractual services.

Authorized Signator certifies that the contractual services described in Part I above were completed by the contractor and that payment in full. (Payment is to be made only after completion of the contractual service.)

Laurette Jorgensen

Digitally signed by Laurette Jorgensen

COLLEGE AUTHORIZED SIGNATURE

Date: 2020.09.02 11:33:30 -05'00'

COUNTER SIGNATOR (OPTIONAL)

DATE

APPROVED
EUGENE REIFAKIS
09/14/20

*See board policy, procedures and instructions on next page.
(This agreement is VOID if amount exceeds \$5,000.00)

Invoice



2156 W. FULTON ST., #2000 CHICAGO, IL 60612.
312.455.1820 art@carrillophoto.com

September 9, 2020

Mark Brady
Marketing & Creative Services
College of Dupage
IRC 1060
425 Fawell Blvd
Glen Ellyn, IL 60137

Laurette Jorgensen

Digitally signed by
Laurette Jorgensen
Date: 2020.09.09
12:02:00 -05'00'

Project: Photography of Various Students Observing/Following COVID-19 Guidelines for the College of Dupage

Usage: Unlimited use, all imagery.

Project Date: September 2 & 4, 2020

Invoice: 20200909

DESCRIPTION	QTY.	RATE	AMOUNT	TOTAL
Photographer Fees:		September 2, 2020		
Available Light Photography Fee	2	\$175.00 per hour	\$350.00	\$350.00
Usage	Unlimited use, all imagery	Included	Included	Included
Expenses:				
Minor Color Adjustment	1	\$25.00 per hour	\$25.00	\$25.00
Image Processing	1	\$25.00 per hour	\$25.00	\$25.00
Photographer Fees:		September 4, 2020		
Available Light Photography Fee	2	\$175.00 per hour	\$350.00	\$350.00
Usage	Unlimited use, all imagery	Included	Included	Included
Expenses:				
Minor Color Adjustment	1	\$25.00 per hour	\$25.00	\$25.00
Image Processing	1	\$25.00 per hour	\$25.00	\$25.00
			Total	\$800.00