

Information:

Drawer: Finance

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

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

Invoice Number: C910018

Invoice Date:

PO Number:

Check Number: 0272522

Check Amount: \$ 4,500.00

Check Date: 09/15/2020

Voucher Number: V0640653

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 Aug 26 15:55:18 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Invoice Odom, Elizabeth ICA

Please process the attached.
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

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.

499 Contracted G20_KAHLOLOBBY

VENDOR NUMBER				
VN 1610773				
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	60	11999	5309004	4,500.00
APPROVED-Supervisor, Purchasing				DATE

PART I. Complete PRIOR to performance of contractual services.

Name Elizabeth Odom 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 (713) 569 5976 (No college employee may be paid as an independent contractor.)

Street 6537 N. Newgard Ave. Apt. 2

City, State, Zip Code Chicago, IL 60626

Agrees to perform on 06/18/20 the following services for the College of DuPage:
DATE (S)

Artist Betsy Odom to create custom corsets and braces for Historical Exhibition portion of Frida Kahlo: Timeless art exhibit to run 06/05/21-09/06/21.

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

The sum of \$ 4,500.00 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.

APPROVED
By Ellen McGowan at 12:37 pm, Aug 14, 2020
DEPARTMENT AUTHORIZED SIGNATOR

08/14/20
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.

SIGNATURE OF INDEPENDENT CONTRACTOR [Signature]

DATE 6/18/20

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.)

APPROVED
By Ellen McGowan at 12:37 pm, Aug 14, 2020
COLLEGE AUTHORIZED SIGNATURE

DATE 08/14/20

APPROVED
By Cynthia Sims at 14:17:35 -05'00'
COUNTER SIGNATOR Cynthia Sims DATE 8/20/20

*See board policy, procedures and instructions on next page
(This agreement is VOID if a

APPROVED
By Mark Curtis-Chavez at 8:31 am, Aug 21, 2020

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.