

Information:

Drawer: Finance

Number: \*\*\*\* FERPA Redaction \*\*\*\*

Name: \*\*\*\* FERPA Redaction \*\*\*\*

Invoice Number: C910020

Invoice Date:

PO Number:

Check Number: 0272567

Check Amount: \$ 150.00

Check Date: 09/15/2020

Voucher Number: V0644301

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

**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](mailto:invoicing@cod.edu).

VENDOR NUMBER				
0543170				
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	20	00423	5309004	150.00
APPROVED—Supervisor, Purchasing				DATE

**PART I. Complete PRIOR to performance of contractual services.**

Name  Tax I.D. #/S.S. #   
(1 OF THE W-9 FORM). (ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

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

Street

City, State, Zip

Agrees to perform  ing services for the College of DuPage:  
DATE (\$)

Panel discussion for visiting artist series

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.

Anthony Ramos  
Digitally signed by Anthony Ramos  
Date: 2020.09.04 08:55:27 -05'00'  
DEPARTMENT AUTHORIZED SIGNATOR

9/4/2020

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

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.)

Anthony Ramos  
Digitally signed by Anthony Ramos  
Date: 2020.09.04 08:55:44 -05'00'

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

**APPROVED**  
**EUGENE RETAKES**  
**09/14/20**

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

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From: acctpay@cod.edu  
Sent: Fri Sep 04 15:05:02 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: FW: 20FA Independent Contractor Forms  
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-----Original Message----- From: Burns, Paula Sent: Friday, September 4, 2020 9:05 AM To: Accounts Payable  
Cc: Ramos, Anthony Subject: 20FA Independent Contractor Forms Hello, Attached are two Independent Contractor forms. Unfortunately, both documents were not submitted to our office for processing until the event took place and I wasn't able to obtain signatures prior to event. There was some confusion regarding the program and the process for payment. Also, I submitted requests for vendor numbers and just received them yesterday. Please let me know if you need any other information. Thank you. Paula Paula Burns Administrative Assistant College of DuPage Arts, Communication, and Hospitality Division 425 Fawell Blvd. Glen Ellyn IL 60137 burnsp@cod.edu 630-942-4209 -----Original Message-----

From: Ramos, Anthony Sent: Friday, September 4, 2020 8:57 AM To: Burns, Paula Subject: RE: Independent Contractor Forms - Signature needed  
Hi Paula, Thanks for this, yes please send an explanation for the forms. Could you also reach out to see if there are any upcoming visiting artists for this month and next that we need forms pre-signed for? Thanks, Anthony

-----Original Message----- From: Burns, Paula Sent: Friday, September 4, 2020 7:41 AM To: Ramos, Anthony  
Subject: Independent Contractor Forms - Signature needed Hello Anthony, Attached are two Independent Contractor forms to be signed. Unfortunately, the Visiting Artist event took place on 8/31 and I did not receive the paperwork until after that time. There are two places on the form for you to sign. The field that is in the middle of the document, should be signed prior to the event; the second field is at the bottom of the page after the event. I may need to supply an explanation as to why the form was not signed sooner. Thank you. Paula Paula Burns Administrative Assistant College of DuPage Arts, Communication, and Hospitality Division 425 Fawell Blvd. Glen Ellyn IL 60137 burnsp@cod.edu 630-942-4209

[attachment: ICA Touzalin4 copy.pdf]