

Information:

Drawer: Finance

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

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

Invoice Number: C910014

Invoice Date:

PO Number:

Check Number: E0081370

Check Amount: \$ 1,700.00

Check Date: 09/02/2020

Voucher Number: V0640671

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: Thu Aug 27 14:14:48 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Independent Contractor form

From: Metcalf, Marsha
Sent: Thursday, August 27, 2020 1:16 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Independent Contractor form

Independent Contractor form and invoice for Carrillo Photo attached.
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	1,700.00

APPROVED—Supervisor, Purchasing

DATE

PART I. Complete PRIOR to performance of contractual services.

Name Carrillo Photo

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

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

Phone Number ((812) 455-1820)

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

Street 2156 W Fulton St. #2000

City, State, Zip Code Chicago IL 60612

Agrees to perform on Aug 25 & Aug 26, 2020
DATE (S)

the following services for the College of DuPage

Back to School photography - Tuesday, Aug 25 and Wednesday, Aug 26, 2020
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 \$ 1,700.00 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.

Laurie Jorgensen
DEPARTMENT AUTHORIZED SIGNATOR

8-14-20

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

Wendy E. Hark

DATE

8/13/2020

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.)

Jorgensen, Laurette

Digitally signed by Jorgensen, Laurette
Date: 2020.08.14 17:09:59 -05'00'

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

Wendy E. Hark

8/18/20

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

Invoice

August 27, 2020



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

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

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

Usage: Unlimited use, all imagery.

Project Date: August 25 & 26, 2020

Invoice: 20080027

DESCRIPTION	QTY.	RATE	AMOUNT	TOTAL
Photographer Fees:		August 25, 2020		
Available Light Photography Fee	4	\$175.00 per hour	\$700.00	\$700.00
Usage	Unlimited use, all imagery	Included	Included	Included
Expenses:				
Minor Color Adjustment	3	\$25.00 per hour	\$75.00	\$75.00
Image Processing	3	\$25.00 per hour		
Photographer Fees:		August 26, 2020		
Available Light Photography Fee	4	\$175.00 per hour	\$700.00	\$700.00
Usage	Unlimited use, all imagery	Included	Included	Included
Expenses:				
Minor Color Adjustment	3	\$25.00 per hour	\$75.00	\$75.00
Image Processing	3	\$25.00 per hour	\$75.00	\$75.00
			Total	\$1,700.00

Laurette
Jorgensen

Digitally signed by
Laurette Jorgensen
Date: 2020.08.27
13:13:37 -05'00'