

Information:

Drawer: Finance

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

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

Invoice Number: C089473

Invoice Date:

PO Number:

Check Number: 0275669

Check Amount: \$ 600.00

Check Date: 01/12/2021

Voucher Number: V0657596

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: zerrudom@cod.edu
Sent: Fri Dec 18 16:09:52 CST 2020
To: invoicing@cod.edu
CC:
Subject: FW: Rene Avila Info

From: Pallasch, Irene <pallasch@cod.edu>
Sent: Friday, December 18, 2020 4:06 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Subject: Rene Avila Info

Hi MariVic,

Here is the invoice—I added the new vendor # that Jordan gave me. The W-9 is just a copy of the one he supplied for the first time we submitted it. Let me know if you need more.

In case you need to see—here is Jordan's note:

Thanks, Irene

Hi Irene,

The records department created a new record for Rene in Colleague. The vendor number is now 1622332. I'm still working on reverting the record back to the original address for the other account.



Thank you,

Jordan Towne
Purchasing Expeditor

Irene Pallasch
Administrative Assistant
90.9FM WDCB Public Radio
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
630.942.4295
pallasch@cod.edu

VENDOR NUMBER		AGREEMENT NUMBER: C089473		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	600 ⁰⁰
APPROVED-Supervisor, Purchasing				DATE / /

* Independent Contractor Agreement

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

**AGREEMENT APPROVED
JOYCE SEKERKA 1.4.21**

PART I. Complete PRIOR to performance of contractual services.

Name Rene Avila Tax I.D. #/S.S. [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

Phone Number (630) 903-4321 (No college employee may be paid as an independent contractor.)

Street 2428 S. 50th Ave

City, State, Zip Code Cicero IL 60804

Agrees to perform on Pre-Recorded Audio Programming the following services for the College of DuPage:

6 months production & hosting of Mambo Inn
6 @ \$100 = \$600⁰⁰
July - December 2020

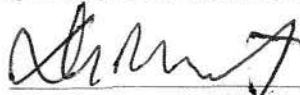
If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$ \$600⁰⁰ 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.


DEPARTMENT AUTHORIZED SIGNATOR

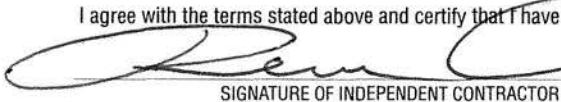
11/22/2020
DATE

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

11/22/20
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.)


COLLEGE AUTHORIZED SIGNATURE

11/22/2020
DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

*See board policy, procedures and instructions on reverse side.

(This agreement is VOID if amount exceeds \$5,000.00)

Original forward to Accounts Payable; Blue, Purchasing Dept.; Yellow, Signator; Pink, Contractor

Rene Avila - 1622332

2428 S. 50th Ave

Cicero IL 60804

Phone: 630-903-4321

Phone:

Email: renebass5@gmail.com

College of DuPage – Individual Vendor Intake Form

☐ Vendor (Request for PO - needs to be entered in BOTH Mercury and Colleague.)

☐ Vendor (Request for payment - only enter in Colleague.)

Name (as shown on line 1 of W9)	Rene Avila
*Business Name (line 2 of W9)	
*Person Last, First MI	Avila, Rene
*Address Line 1:	2458 S. 50th Avenue
Address Line 2: (if required)	
*City:	Cicero
*State	IL
*Zip:	60804
Country: (if other than USA)	
Contact Business Phone:	630.903.4321
Contact Fax:	
Contact Email:	renebass5@gmail.com
Vendor SSN #: W9 form is required	350 54 9574

*Requester name: _____

*Department: _____

*Date: _____

*** *Include current signed and dated W9.***

*** Please submit this form along with the W9 to the Purchasing Department to purchasing@cod.edu**

W-9 Form Tips

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ☐
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any)
 Exemption from FATCA reporting code (if any)
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
 Signature of U.S. person Date

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after its release) is at www.irs.gov/form990.

- 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)

Make sure to check the appropriate box that applies to you.

Fill in the individual's or business address here.

Enter DBA (Doing Business As) here

Individual person: Requires SSN
 Business name: Requires FEIN
 A combination of both will not be accepted

Signature must be hand written NOT electronic.

From: pallasch@cod.edu
Sent: Wed Dec 02 13:09:49 CST 2020
To: invoicing@cod.edu
CC:
Subject: PAY: Rene Avila - IC89473 - \$600

Hi MariVic,
Please pay the attached IC for Rene Avila for WDCB:

Rene Avila - VN# 0547174
IC89473
GL# 05-90-00829-5309001
\$600

Thanks!, Irene

Irene Pallasch
Administrative Assistant
90.9FM WDCB Public Radio
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
630.942.4295
pallasch@cod.edu

**AGREEMENT APPROVED
JOYCE SEKERKA 12.3.20**

*** Independent Contractor
Agreement**

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

VENDOR NUMBER		AGREEMENT NUMBER: C089473		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	600 ⁰⁰
APPROVED-Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

N
P
S
C

Agrees to perform on Pre-Recorded Audio Programming the following services for the College of DuPage:

6 months production & hosting of Mambo Inn
6 @ \$100 = \$600⁰⁰
July - December 2020

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

The sum of \$ \$600⁰⁰ 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.

[Signature]
DEPARTMENT AUTHORIZED SIGNATOR

11/22/2020
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.

reement.

11/22/20
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.)

[Signature]
COLLEGE AUTHORIZED SIGNATURE

11/22/2020
DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

*See board policy, procedures and instructions on reverse side.

(This agreement is VOID if amount exceeds \$5,000.00)

Original forward to Accounts Payable; Blue, Purchasing Dept.; Yellow, Signator; Pink, Contractor

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Rene A. Iltis

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____
- ☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

Part II
Enter
back
resid
entit
TIN
Note
guid

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on

Sign
Here

Signature
U.S.

Date 11/22/20

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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)
- Form 1099-DIV (dividends, including those from stocks or mutual 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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.