

Information:

Drawer: Finance

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

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

Invoice Number: C910078

Invoice Date:

PO Number:

Check Number: 0275735

Check Amount: \$ 800.00

Check Date: 01/12/2021

Voucher Number: V0657638

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

From: Hiar, Jennifer <hiarj@cod.edu>
Sent: Tue Dec 22 08:50:51 CST 2020
To: invoicing@cod.edu
CC:



Jen Hiar
Administrative Assistant

College of DuPage
Multimedia Services – CHC2023
425 Fawell Blvd.
Glen Ellyn, IL 60137

hiarj@cod.edu
630-942-3299 Office
331-481-1266 Cell



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.

AGREEMENT APPROVED
JOYCE SEKERKA 1.4.21

VENDOR NUMBER

ACCOUNT NUMBER/AMOUNT

| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
|---------------------------------|----------|------------|---------|------------|
| 01 | 90 | 16815 | 5309001 | 500.00 |
| | | | | |
| APPROVED—Supervisor, Purchasing | | | | DATE |
| | | | | 12/22/2020 |

PART I. Complete PRIOR to performance of contractual services.

Phone

Street

City,

Agrees to perform on

12/10, 12/14, 12/16/2020

DATE (S)

the following services for the College of DuPage:

COVID UIC Vaccine Trial: Adrian Raygoza: Video Tech/ Editor
11232021

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

The sum of \$ 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.

DEPARTMENT AUTHORIZED SIGNATOR

12/22/2020

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.

12/19/2020

PART II

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

DATE

12/22/2020

COUNTER SIGNATOR (OPTIONAL)

DATE

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

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.

Part I

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Part II

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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 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

Information:

Drawer: Finance

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

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

Invoice Number: C910081

Invoice Date:

PO Number:

Check Number: 0275735

Check Amount: \$ 800.00

Check Date: 01/12/2021

Voucher Number: V0658020

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

From: Hiar, Jennifer <hiarj@cod.edu>
Sent: Wed Dec 23 09:27:01 CST 2020
To: invoicing@cod.edu
CC:

Please see the following FC and WS for Kyle Karas

Happy Holidays!

Thank you.

Jen Hiar
Administrative Assistant

College of DuPage
Multimedia Services – CHC2023
425 Fawell Blvd.
Glen Ellyn, IL 60137

hiarj@cod.edu
630-942-3299 Office
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College of DuPage
*** Independent Contractor**
Agreement

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AGREEMENT APPROVED
JOYCE SEKERKA 1.8.21

| | | | | |
|---------------------------------|----------|------------|---------|------------|
| ACCOUNT NUMBER/AMOUNT | | | | |
| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
| 01 | 90 | 16815 | 5309001 | 300.00 |
| APPROVED—Supervisor, Purchasing | | | | DATE |
| | | | | 12/23/2020 |

PART I. Complete PRIOR to performance of contractual services.

Name _____
Phone Number _____
Street _____
City, State _____
Agrees to perform on 12/17, 12/19/, 12/21/2020 the following services for the College of DuPage:
DATE (S)

Million Dollar Christmas - Video Tech

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

The sum of \$ 300.00 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.

James R. Housa
DEPARTMENT AUTHORIZED SIGNATOR

12/23/2020
DATE

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(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.

DATE 12/22/2020

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.)

James R. Housa
COLLEGE AUTHORIZED SIGNATURE

DATE 12/23/2020

COUNTER SIGNATOR (OPTIONAL)

DATE

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
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Print or type

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2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.