

Information:

Drawer: Finance

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

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

Invoice Number: C910123

Invoice Date:

PO Number:

Check Number: 0278679

Check Amount: \$ 3,300.00

Check Date: 04/05/2021

Voucher Number: V0671091

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: Barrios, Isabel <barriosi142@cod.edu>
Sent: Fri Apr 02 11:39:02 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Manual Check Approval Wael Farouk

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Friday, April 2, 2021 11:32 AM
To: Barrios, Isabel <barriosi142@cod.edu>
Subject: FW: Manual Check Approval Wael Farouk
Importance: High

Hi Isabel,

I'm not sure if this is the same one from before. This has Ellen Roberts approval to process for next week pick up. Can you put through and I will review in the IC folder?

Thanks,
Joyce

Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Friday, April 2, 2021 10:45 AM
To: Sekerka, Joyce <sekerkaj@cod.edu>
Cc: McGowan, Ellen <mcgowan@cod.edu>
Subject: FW: Manual Check Approval Wael Farouk
Importance: High

Hi Joyce,

Ellen Roberts has approved manual check request. Please see below and attached. If you have any questions, please contact Ellen McGowan.

Thank you.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

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.

NP21_PIANO
475 Soloist 3000
459 Artist Travel 300

VENDOR NUMBER

1497695

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
06	40	05502	5309004	3000.00
06	40	05502	5309004	300.00

APPROVED-Supervisor, Purchasing

DATE

AGREEMENT APPROVED PER ELLEN R. TO PAY PRIOR TO PERFORMANCE DATE.

JOYCE SEKERKA 4.2.21

PART I. Complete PRIOR to performance of contractual services.

Name Wael Farouk

Tax I.D. #/S.S. # [REDACTED]

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

(NEED COMPLETE AND SIGN W-9 ATTACHED)

Phone Number 262-383-5642

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

Street 2500 James Blvd.

City, State, Zip Code Racine, Wisconsin 53403-3147

Agrees to perform on April 8, 2021 at 7:30PM the following services for the College of DuPage:
DATE (S)

Rehearsals Monday, April 5, Tuesday, April 6, Wednesday, April 7, 2021 all at 7:30PM in the Belushi Hall of the McAninch Arts Center, 425 Fawell Blvd., Glen Ellyn, IL 60137. Repertoire Rachmaninoff Piano Concertos 1, 2, and 3. Rehearsal fee is \$500.00 per rehearsal and performance fee is \$1,500.00. Travel stipend of \$300.00, Hotel provided for 5 nights and a complimentary concert streaming link.

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

The sum of \$ 3,300.00 will be paid to the independent contractor upon completion of all services. The contractor understands that he/she is responsible for all taxes related to income from the above services. The contractor understands that he/she is responsible for any insurance coverage such as workers compensation, medical, property & liability in connection with the above services.

This is a "work for hire" agreement. All rights to materials produced or products from this agreement shall remain the property of the 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.

Ellen McGowan

Digitally signed by Ellen McGowan
Date: 2021.02.26 11:38:35 -06'00'

DEPARTMENT AUTHORIZED SIGNATOR

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 Wael Farouk

DATE 2/21/2021

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 services.)

Ellen McGowan
COLLEGE AUTHORIZED SIGNATURE

DATE

APPROVED

By Mark Curtis-Chavez at 8:00 pm, Mar 01, 2021

Must have check on April 8, day of recording.
Submitting for March 12, Check Run.

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

APPROVED

By zehjudy at 4:35 pm, Mar 25, 2021

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)

x

From: Roberts, Ellen <roberts@cod.edu>
Sent: Friday, April 2, 2021 7:46 AM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: FW: Manual Check Approval Wael Farouk
Importance: High

Good morning, Vera –

Attached request for manual check is approved; I've stamped the form.

Thank you,

Ellen

Ellen M. Roberts
Interim Vice President, Administrative Affairs
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
roberts@cod.edu
630-942-2218

From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Thursday, April 1, 2021 5:52 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: Manual Check Approval Wael Farouk
Importance: High

Hi Ellen,

For your approval. Thank you.

Vera Humphrey
Administrative Assistant to the
Interim Vice President
of Administrative Affairs

College of DuPage | 425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137
630-942-4285 (ph) | 630-942-2297 (fax)

x

From: McGowan, Ellen <mcgowan@cod.edu>

Sent: Thursday, April 1, 2021 5:15 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: Manual Check Approval Wael Farouk
Importance: High

Hi Vera,
Attached is Contractor Form for Wael Farouk, Soloist for New Phil recording on 4/8/21.
We will pick up the check on 4/7/21.
Please forward to Payables when signed off.
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

[attachment: Farouk, Wael W9 2016.pdf]
[attachment: Farouk Wael ICA 04-08-21 (003).pdf]

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.	Name (as shown on your income tax return) Wael Farouk		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) 2500 James BLVD City, state, and ZIP code Racine, WI 53403		Requester's name and address (optional)
	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 the "Name" to avoid backup withholding. For individuals, this is your social security number (SSN). However, for 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 chart on page 4 for guidelines on whose number to enter.

Employer identification number								

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 ▶ *Wael Farouk*

Date ▶ *5/28/16*

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Independent Contractors

I. Board Policy #15-465

Employee vs. Independent Contractor

The Board recognizes the need for and will compensate for personal services in accordance with the following criteria:

1. Individuals who offer their services to the public as a normal part of their business will be considered independent contractors.
2. Any person who is already an employee of the college cannot also be considered an independent contractor by the College of DuPage except for payments under intellectual property rights (Board Policy #15-195).
3. All other individuals under the direction of the college and paid by the college will be hired as employees through established procedures and paid through the payroll system.

II. Board Procedure for Policy #15-465

Agreements with independent contractors for services of \$5,000 or less will be arranged through use of an Independent Contractor Agreement. The Independent Contractor Agreement also serves as a requisition and requires proper budget accounts and approvals.

Agreements with independent contractors in excess of \$5,000 will be arranged through the use of an individualized contractual agreement. The development of the contract will be through the office of the Vice President of Administrative Affairs. A purchase order requisition must accompany the contractual agreement.

Only one payment is to be made for independent contractor services. This single payment will be made only after the completion of the contractual services.

Agreements with regular college employees for additional compensated services will be arranged through the appropriate college offices through the payroll system except for payments under intellectual property rights (Board Policy #15-195).

III. Instructions For Completion of Independent Contractor Agreement

A. PRIOR to Performance of Services

Complete Part I of the Agreement:

1. The attached FORM W-9 must be fully completed, signed, dated and returned with the Independent Contract Form in order for payment to be made.
2. Be sure that all applicable parts of the form are filled in; Obtain authorizations.
3. Always provide contractor with a copy of the agreement.

Wait to distribute other copies until after completion of Part II.

Payment will not be made unless contractor's original signature in ink appears on the agreement. Payment is to be made only after completion of the contractual service.

B. AFTER Performance of Services

Complete Part II of the Agreement:

1. College Authorized Signator must sign to indicate department's acknowledgement of satisfactory completion of contractual services.
2. Submit form to Purchasing Department, which will then begin processing and will forward to Accounts Payable for payment.
3. Independent contractors whose annual total payments equal or exceed \$600 in a calendar year or as directed by the Internal Revenue Service will be issued a Form 1099-MISC showing this total. A copy to the 1099-MISC will be forwarded to the Federal Government as required.