

Information:

Drawer: Finance

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

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

Invoice Number: C910117

Invoice Date:

PO Number:

Check Number: 0279010

Check Amount: \$ 200.00

Check Date: 04/13/2021

Voucher Number: V0671094

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.

APPROVED

By Tiana Baymon at 4:12 pm, Mar 25, 2021

ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
06	10	02532	5309001	200.00
APPROVED—Supervisor, Purchasing				DATE

AGREEMENT APPROVED
JOYCE SEKERKA 4.2.21

PART I. Complete PRIOR to performance of contractual services.

Name: [REDACTED]
 Phone: [REDACTED]
 Street: [REDACTED]
 City, State: [REDACTED]

Agrees to perform on March 24 2021 the following services for the College of DuPage:
DATE (S)

Participate on a virtual panel on Writing in Business as part of the Writing Professionally series. This is funded through Perkins.

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

The sum of \$200.00 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.

Sandra Martins
Digitally signed by Sandra Martins
 Date: 2021.02.09 16:32:26 -0500
 DEPARTMENT AUTHORIZED SIGNATOR

2-9-2021
 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

2/18/2021

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 service.)

Sandra Martins
 COLLEGE AUTHORIZED SIGNATURE

3.25.21
 DATE

COUNTER SIGNATOR (OPTIONAL)

Jonita Ellis

Digitally signed by Jonita Ellis
 Date: 2021.03.25 15:52:05
 -0500

-A

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

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Fri Mar 26 11:40:16 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Document

[attachment: 321Z53S_04VQSB81V003PRH.tif]