

Information:

Drawer: Finance

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

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

Invoice Number: C910104

Invoice Date:

PO Number:

Check Number: 0279136

Check Amount: \$ 100.00

Check Date: 04/13/2021

Voucher Number: V0665660

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: Burns, Paula <burnsp@cod.edu>
Sent: Fri Mar 19 07:39:12 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Keihm Independent contractor request for processing.

Hello,

I am resubmitting this request. Previously, I erroneously sent two different forms to Invoicing.

Thank you,

Paula

-----Original Message-----

From: Burns, Paula
Sent: Thursday, March 18, 2021 2:47 PM
To: Invoicing
Subject:

Hello,

Please process the attached Independent Contractor forms.

Thank you,

Paula

Paula Burns
Administrative Assistant
College of DuPage
Arts, Communication, and Hospitality Division
425 Fawell Blvd.
Glen Ellyn IL 60137
burnsp@cod.edu
630-942-4209

[attachment: Keihm- Independent Contractor Agreement_Latitude.pdf]
[attachment: Keihm W9 Form with Instructions.pdf]

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 3.19.21

VENDOR NUMBER

1627392

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	20	00423	5309004	\$100.00

APPROVED-Supervisor, Purchasing

DATE

PART I. Complete PRIOR to performance of contractual services.

Name Colleen Keihm

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

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

(ATTACHED)

Phone Number 5166982287

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

Street 1531 West 18th Street, Apt 3R

City, State, Zip Code Chicago, IL 60608

Agrees to perform on 3/15/21 the following services for the College of DuPage:

DATE (S)

Color Theory presentation - Visiting Artist series

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

The sum of \$ 100.00 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.

Anthony Ramos

Digitally signed by Anthony Ramos
Date: 2021.03.02 16:16:24 -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

Colleen Keihm

DATE

3/2/2021

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.)

Anthony Ramos

Digitally signed by Anthony Ramos
Date: 2021.03.18 13:16:59 -05'00'

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

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

