

Information:

Drawer: Finance

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

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

Invoice Number: C910207

Invoice Date:

PO Number:

Check Number: 0282271

Check Amount: \$ 900.00

Check Date: 06/22/2021

Voucher Number: V0687256

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

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From: McGowan, Ellen <mcgowan@cod.edu>  
Sent: Fri Jun 11 15:16:38 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: ICA Donahue, Kyle \$900.00  
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Please process the attached ICA for print on 6/24/21. I will pick up.

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: Donahue, Kyle ICA CT22\_Charlie Payment 1 06-10-21 Signed.pdf]  
[attachment: Donahue, Kyle W9 2021.pdf]

**College of DuPage**  
**Independent Contractor**  
**\* Agreement**

481 Music Director  
 CT22\_CHARLIE

VENDOR NUMBER

1479385

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	30	12271	5309004	900.00

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

**AGREEMENT APPROVED**

**JOYCE SEKERKA 6.15.21**

\* After final approval signs the completed form, send to [invoicing@cod.edu](mailto:invoicing@cod.edu).

APPROVED—Supervisor, Purchasing

DATE

**\*PLEASE ADD TO CHECK PICK-UP LISTING FOR 6.23.21\***

**PART I. Complete PRIOR to performance of contractual services.**

Name Kyle Donahue

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

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

(ALSO COMPLETE AND SIGN FORM W-9 ATTACHED)

Phone Number (312) 531-0294

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

Street 2687 Berkshire Drive

City, State, Zip Code Geneva, IL 60134

Agrees to perform on May 15-June 10, 2021 the following services for the College of DuPage:  
 DATE (S)

Choreographer for College Theater production of You're a Good Man, Charlie Brown.  
 Payment 1 of 2

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

The sum of \$ 900.00 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 maintains his/her own cost any insurance coverage such as workers compensation, medical, property, and liability.

This is a "work for hire" agreement. All rights to materials produced or used in the performance of these services 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*

DEPARTMENT AUTHORIZED SIGNATOR

05/10/2021

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 CONTRACTOR

*[Signature]*

DATE

05/10/2021

**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.)

**APPROVED**

By Ellen McGowan at 3:14 pm, Jun 11, 2021

COLLEGE AUTHORIZED SIGNATURE

DATE

[REDACTED]

COUNTER SIGNATOR (OPTIONAL)

DATE

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

