

Information:

Drawer: Finance

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

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

Invoice Number: C910214

Invoice Date:

PO Number:

Check Number: 0282347

Check Amount: \$ 500.00

Check Date: 06/22/2021

Voucher Number: V0686968

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



* After final approver signs the completed form, send to invsign@ppl.edu.

VENDOR NUMBER				
0571710				
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	90	16815	5309001	500.00
APPROVED—Supervisor, Purchasing				DATE
PROVED 6-15-21				06/07/2021

PART I. Complete PRIOR to performance of contract services:

Na

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

LINE 1 OF THE W-9 FORM).

Phone Number

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

Street

City, State, Zip Code

Agrees to perform on

June 5, 2021

DATE (S)

the following services for the College of DuPage:

Camera Operator on:

"Frida Kahlo Exhibit Grand Opening"

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.

4 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

06/07/2021

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)

4 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 _____

DATE _____

06/05/2021

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.)

COLLEGE AUTHORIZED SIGNATURE

DATE _____

06/07/2021

COUNTER SIGNATOR (OPTIONAL)

DATE _____

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

From: Hiar, Jennifer <hiarj@cod.edu>

Sent: Mon Jun 07 12:41:32 CDT 2021

To: invoicing@cod.edu

CC:

Subject: Independent Contract | Multimedia Services [REDACTED] - Frida Grand Opening - 6/7/21

Hi,

Please see the following IC and W9 for [REDACTED]

Thanks.

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

[attachment: W [REDACTED] 051821.pdf]

[attachment: I [REDACTED] _FridaGrandOpening_060721.pdf]

/ name, if different from above

Requester's name and address (optional)

(Applies to accounts maintained outside the U.S.)

Employer identification number

Date ►

Form **W-9** (Rev. 12-2014)