

Information:

Drawer: Finance

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

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

Invoice Number: C089566

Invoice Date:

PO Number:

Check Number: 0283067

Check Amount: \$ 500.00

Check Date: 07/19/2021

Voucher Number: V0690720

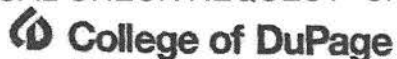
AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted



Please contact me
when check is
ready for pickup.

Thanks, Irene
x4295

*** Independent Contractor Agreement**

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

APPROVED

By Ellen M. Roberts at 2:45 pm, Jul 15, 2021

AGREEMENT APPROVED

APPROVED - Supervisor, Purchasing

JOYCE SEKERKA 7.19.21

***PRE-APPROVED WITH ELLEN ROBERTS STAMPED APPROVAL**

VENDOR NUMBER
1381020

AGREEMENT
NUMBER: **C089566**

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	500
				DATE
				/

PART I. Complete PRIOR to performance of contractual services.

Name **Frank Russell** Tax I.D. #/S.S.

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

Phone Number **773 502-5869**

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

Street **4353 S. Greenwood Ave, Apt. 3S**

City, State, Zip Code **Chicago IL 60653**

Agrees to perform on **Mon, July 26, 2021** the following services for the College of DuPage:

will perform with Frank Russell Band for WDCB Night at The Jazz Showcase - two 60-minute sets at 8pm and 10pm.

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.

☒ 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

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.

Frank Russell

SIGNATURE OF INDEPENDENT CONTRACTOR

7/15/21

DATE

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.)

Don Roberts

7/15/21

COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

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

Original forward to Accounts Payable; Blue, Purchasing Dept.; Yellow, Signator; Pink, Contractor

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Mon Jul 19 07:45:53 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Monday, July 19, 2021 7:44 AM
To: Barrios, Isabel <barriosi142@cod.edu>
Subject: FW: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

Hi Isabel,

Can you please send this to the IC queue so that I can approve right away? This will need to be paid this week on our check request log.

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: Thursday, July 15, 2021 3:15 PM
To: Sekerka, Joyce <sekerkaj@cod.edu>
Cc: Pallasch, Irene <pallasch@cod.edu>
Subject: FW: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

Hi Joyce,

Ellen has approved manual check.

Thank you.

Vera Humphrey
Administrative Assistant to the
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: Roberts, Ellen <roberts@cod.edu>
Sent: Thursday, July 15, 2021 3:07 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: FW: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

Hi Vera –

Attached please find the approved request.

Thank you,

Ellen

Ellen M. Roberts
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, July 15, 2021 1:51 PM
To: Roberts, Ellen <roberts@cod.edu>
Subject: FW: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

Hi Ellen,

A manual check request for your approval.

Thank you.

Vera Humphrey
Administrative Assistant to the
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: Pallasch, Irene <pallasch@cod.edu>
Sent: Thursday, July 15, 2021 12:44 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: WDCB - MANUAL CHECK APPROVAL REQUEST - Frank E. Russell

Hi Vera,
Attached is a WDCB Manual Check Approval Request for Ellen's Signature.
The check must be presented to Frank E. Russell at his Monday, July 26, 2021 performance.
Thanks, Irene

Irene Pallasch
Administrative Assistant

90.9FM WDCB Public Radio
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
630.942.4295
pallasch@cod.edu

[attachment: W9-Frank-Russell.pdf]

[attachment: Frank E. Russell - CO#895566 - \$500 - 7-15-21.pdf]

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

FRANK E. RUSSELL

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

5 Address (number, street, and apt. or suite no.) See instructions.

4353 S. GREENWOOD AVE, APT 3S

6 City, state, and ZIP code

CHICAGO, IL 60653

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign
Here

Signature of
U.S. person ▶

Frank Russell

Date ▶ 7-13-2021

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.