

Information:

Drawer: Finance

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

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

Invoice Number: C910260

Invoice Date:

PO Number:

Check Number: 0283899

Check Amount: \$ 600.00

Check Date: 08/17/2021

Voucher Number: V0694058

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

College of DuPage Please contact me
Independent Contractor when check is
*** Agreement** ready for pick-up. Thanks, Irene

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

x4295

pallasch@cod.edu

* After final approver signs the completed form, send to invoicing@cod.edu

AGREEMENT APPROVED
JOYCE SEKERKA 8.12.21

VENDOR NUMBER
1361336

on 8/24/21.

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	600.00
APPROVED—Supervisor, Purchasing				DATE

PART I. Complete PRIOR to performance of contractual services.***PER SCOTT BRADY-ATTACHED E-MAIL SHOWING OK TO ISSUE PAYMENT BEFORE SERVICE DATE.**Name **Angela Spiccia**

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

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

Phone Number **(847) 804-3734**

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

Street **3117 W Lake St**City, State, Zip Code **Glenview, IL 60026**Agrees to perform on **Tue, Aug 24, 2021** the following services for the College of DuPage:
DATE (S)

will provide Little Alternatives Big Band for WDCB Night at The Jazz Showcase with two 60-minute sets at 8pm & 10pm

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

The sum of \$ **600.00** 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.

SIGNATURE OF INDEPENDENT CONTRACTOR

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.)

Dan Bindert
 COLLEGE AUTHORIZED SIGNATURE

DATE

8/11/21

Scott L. Brady
 COUNTER SIGNATOR (OPTIONAL)

08/11/2021

DATE

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

From: Sekerka, Joyce <sekerkaj@cod.edu>
Sent: Thu Aug 12 07:53:01 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH

Joyce Sekerka
Accounts Payable Supervisor
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
630-942-2293
Email: sekerkaj@cod.edu



From: Brady, Scott <bradys310@cod.edu>
Sent: Wednesday, August 11, 2021 5:40 PM
To: Humphrey, Vera <humphreyv@cod.edu>; Pallasch, Irene <pallasch@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>
Subject: RE: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH

Approved

Scott L. Brady, CPA
Interim Chief Financial Officer
College of DuPage
425 Fawell Blvd.
SRC 2130L
Glen Ellyn, IL 60137-6599
Direct: 630.942.2219
Email: bradys310@cod.edu



Disclosure Statement:

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From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Wednesday, August 11, 2021 5:39 PM
To: Brady, Scott <bradys310@cod.edu>; Pallasch, Irene <pallasch@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>

Subject: RE: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH

Scott,

Sorry, see attached.

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: Brady, Scott <bradys310@cod.edu>
Sent: Wednesday, August 11, 2021 5:37 PM
To: Humphrey, Vera <humphreyv@cod.edu>; Pallasch, Irene <pallasch@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>
Subject: RE: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH

Vera,

Please send the attachment. Thanks, Scott

Scott L. Brady, CPA
Interim Chief Financial Officer
College of DuPage
425 Fawell Blvd.
SRC 2130L
Glen Ellyn, IL 60137-6599
Direct: 630.942.2219
Email: bradys310@cod.edu



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From: Humphrey, Vera <humphreyv@cod.edu>
Sent: Wednesday, August 11, 2021 5:33 PM
To: Pallasch, Irene <pallasch@cod.edu>; Brady, Scott <bradys310@cod.edu>
Cc: Sekerka, Joyce <sekerkaj@cod.edu>
Subject: RE: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH

Hi Irene,

Scott is approving while Ellen is on vacation this week.

Hi Scott,

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: Wednesday, August 11, 2021 5:29 PM
To: Humphrey, Vera <humphreyv@cod.edu>
Subject: WDCB MANUAL CHECK REQUEST - Angela Spiccia - \$600 - RUSH
Importance: High

Hi Vera,

The attached Manual Check Request is ready for Ellen's approval and it is a "RUSH" one. There is only one Manual Check run between now and the date of the performance when the check must be presented. I just received word today that Purchasing has completed the address change necessary in the system, and now we can submit. Please forward to Joyce as soon as possible so it can be processed and cut on Wednesday, August 18, 2021.

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: W-9_AngelaSpiccia.pdf]

[attachment: Angela Spiccia - IC Contract - \$600.pdf]

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

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)

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

Requester's name and address (optional)

6. City, state, and ZIP code

7 List account number(s) here (optional)

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.

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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
------------------	---------------------------------

Date ►

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.

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.