

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1632701
Vendor Name: The Red Cape Company
Invoice Number: 1315
Invoice Date: 04/09/21
PO Number: P0000166
Check Number: E0085981
Check Amount: \$ 2,750.00
Check Date: 08/17/2021
Department ID: 00788
Reviewer Name: Barbara Groves
Voucher Number: V0693461
Redaction Type: None
Document Type: AP Invoice

Document Below



The Red Cape Company, LLC
 9901 Brodie Lane, Suite 160-225
 Austin, TX 78748
 +1 5123877883
 hello@redcapeco.com
 https://www.redcapeco.com

INVOICE

BILL TO
 Mark Curtis-Chavez
 Casey Emerich
 Assistant Professor & Program
 Chair
 Office Technology Information
 College of DuPage

INVOICE # 1315
DATE 04/09/2021
DUE DATE 05/01/2021
TERMS Due on receipt

APPROVED
08/09/21 - MARK CURTIS

INVOICE REVIEWED

OKAY TO PAY

BARBARA GROVES 08/09

DATE	ACTIVITY	QTY	RATE	AMOUNT
	Services:Keynote			
	Live Keynote:	1	12,000.00	12,000.00
	Signature Session with training			
	30-minute session (plus recording)			
	Delivered virtually on April 21, 2021, Noon			
	CST			
	RedCape will provide a keynote signature			
	session with training, RedCape Zoom			
	support, survey link that will provide data for			
	post-session ROI report.			
	Customer Supplies	50	19.95	997.50
	RedCape Gift to College of DuPage			
	50 digital copies of the best-selling "100 LIFE-			
	CHANGING TIPS using Microsoft Office for			
	Windows"			
	Services:Keynote	1	-9,250.00	-9,250.00
	Live Keynote			
	Special rate for Professor Casey Emerich and			
	the students in the Office Technology			
	Information program at the College of			
	DuPage			
	Customer Supplies	50	-19.95	-997.50
	Digital Books			
	Special rate for Professor Casey Emerich and			
	the students in the Office Technology			
	Information program at the College of			
	DuPage			

BALANCE DUE

\$2,750.00

Request for Taxpayer Identification Number and Certification

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

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

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. The Red Cape Company	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> 4 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 9901 Brodie Lane, Suite 160-225	Requester's name and address (optional)
6 City, state, and ZIP code Austin, TX 78748	
7 List account number(s) here (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.

Social security number									
				-				-	
or									
Employer identification number									
2	0		-	8	8	8	7	3	3

Part II Certification

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 ► <i>Vickie Sokol Evans</i>	Date ► 5/27/2021
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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.

From: Groves, Barbara <grovesb16@cod.edu>
Sent: Thu May 27 17:59:25 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Invoice for Red Cape Company - Admin Assistant Day Speaker

Barb Groves
Assistant to the Provost
Office of the Provost
College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137
630-942-2005 (ph) | 630-942-3925 (fax)

[attachment: College of DuPage Independent Contractor Agreement APD w vendor ID.pdf]
[attachment: Invoice_1315_from_The_Red_Cape_Company_LLC.pdf]
[attachment: RedCape W9 2021 Signed.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.

VENDOR NUMBER				
1632701				
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
01	80	00788	5302001	2,750.00
APPROVED—Supervisor, Purchasing				DATE
				04/20/2021

PART I. Complete PRIOR to performance of contractual services.

Name The Red Cape Company Tax I.D. #/S.S. # 208-88-7339
(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 (512) 387-7883 (No college employee may be paid as an independent contractor.)

Street 9901 Brodie Lane, Suite 160-225

City, State, Zip Code Austin, TX 78748

Agrees to perform on 4/21/2021 the following services for the College of DuPage:
DATE (S)

30-Minute Keynote Address for Administrative Professionals Day

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

The sum of \$ 2,750.00 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.

Kris Fay

Digitally signed by Kris Fay
Date: 2021.04.12 15:24:57 -05'00'

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

Vickie Sokol Evans

DATE

04/19/2021

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.)

Mark Curtis-Chavez
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)