

INDEPENDENT CONTRACTOR INVOICE

Invoice Num:	Date:
For goods and/or professional services provided	d to:
Description of goods and/or services:	College and Department
Description of goods and/or services.	
Are you currently a City Colleges of Chicago Em	ployee?NoYes (If yes please indicate your campus location, title and
employment status F/T P/T:	
Date(s) of Service From:	To:
x	=
Rate	Units Total
Name of Company:	
FEIN Number or Social Security Number:	
Contact Name (please print:	
Street Address:	
City, State, Zip Code:	
Educational Loans in Compliance with Illinois Po	ublic Act 85-827
	n individual for goods and services if that individual is in default, as defined in contract used by any State agency shall include a statement certifying that the
individual is not in default on an educational loa	, , , , , , , , , , , , , , , , , , , ,
Logitify that Lam not in default on the rensymon	t of any educational loan guaranteed by the Illinois State Scholarship
	t of any educational loan guaranteed by the limitors state scribbarship t Assistance Law, or any education loan made by an institution of higher
	titution by the Illinois Independent Higher Education Loan Authority Act, or any
other loan from public funds made for the purpo	se of financing my attendance at any institution of higher education.
	I, therefore, I am responsible for my own Federal Income Tax. As such, I absolve
the City Colleges of Chicago from the responsib	mity of withholding taxes from my remittances.
I certify that I am not an employee of City Colleg	es of Chicago.
Signed:	Date:
Approved by:	
Please Print Assignment Supervisor Name	Assignment Supervisor Signature & Date
ricase riiii Assiyiiiieiil Supeivisui ivaille	Assignment Supervisor Signature & Date
Disco Di de la companya di Contra di	
Please Print Executive Directors/Business Mana	ger Executive Directors/Business Manager Signature & Date