

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1503455
Vendor Name: Hollander International Storage &,Movin
Invoice Number: 2896
Invoice Date: 5/6/2022
PO Number: P0002816
Check Number: E0089944
Check Amount: \$ 1,290.00
Check Date: 06/07/2022
Voucher Number: V0739854
Document Type: AP Invoice

Document Below

HOLLANDER
STORAGE & MOVING CO.

**Hollander International Storage &
Moving Co., Inc**
1801 Pratt Blvd
Elk Grove Village, IL 60007
(847) 439-2140

Invoice Date: 5/6/2022
Invoice #: 2896
Order #: COM-20066-22
Customer #: COLL001
PO #: P0002816

Amount Due: \$1,290.00

Amount Paid: \$

College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

Remit To:
**Hollander International Storage &
Moving Co., Inc**
1801 Pratt Blvd
Elk Grove Village, IL 60007
(847) 439-2140

Please detach and return this portion with your payment. Thank you.

Invoice Date: 5/6/2022
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| | | | |
|---|-------------------------------|---------------------------|---------------|
| Shipper: College of Dupage | Salesperson: Ross, Ron | Hauled Wt: | Miles: |
| Origin: College of Dupage- 425 Fawell Blvd Mac Building Glen Ellyn, IL 60137 United States of America | Destination: | Tariff: Commercial | |

| Item # | Description | Quantity | Quantity | Rate | Gross | Discount | Amount |
|--------|--|----------|----------|------|-------|----------|------------|
| 120 | 04/29/2022 Moving Services per ticket #2794 | | | | | | \$1,290.00 |

Amount Due: \$1,290.00

UNIFORM BILL OF LADING AND FREIGHT BILL

D-Drive, L>Loading, UL-Unloading, P-Packing, UP-Unpacking, W-Waiting, X-Lunch/Break, F-Finished

| | | | | | | | | | | | | |
|-----|-----|-----|------|------|------|------|-----|-----|-----|-----|-----|-----|
| 6am | 7am | 8am | 9am | 10am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm |
| | | | | | | | | | | | | |
| 7pm | 8pm | 9pm | 10pm | 11pm | 12am | 1am | 2am | 3am | 4am | 5am | | |

Hollander International Storage & Moving Co., Inc

1801 Pratt Blvd

Elk Grove Village, IL 60007

(847) 439-2140

HollanderMoving.com

US DOT NO 131735

ILL CC 8668-MC-C

Order # COM-20066-22

PO #

Account: College of DuPage

Shipper Origin: College of Dupage

Address: College of Dupage- 425 Fawell Blvd Mac Building
Glen Ellyn, IL 60137

Contact: Jim Prochaska

Ph 630-942-2066

Weight/Load Size

Cubic Ft

Commodity

Commercial

Valuation Type

Valuation Amt

Invoice Ok'd by

Dock

Site

Driver: *CONDOR
TURTLE, AARON

St Truck: 830

Tractor #

Trailer #

of Vans

of Men

Elevator

Shuttle

Hourly Rate

Special
Instructions:3 men & straight truck on site at 830AM- prevailing wage- rearrange metal flat files and table in Mac 159, remove flat files from
Mac 159 and place one each in Mac 284 and Mac 286. Remove 4 flat files from Mac 164 and place in Mac 159 per email date
4/12. Any questions call Ron Ross.

Internal Move

Carrier Liability - Sign Before Move Begins

Commercial and Office Goods, Carrier Liability is not insurance

VALUE OF SHIPMENT

NOTICE: Carrier liability shall be released at "30 cents per pound per article" unless specified by inserting in the space above, in shippers own handwriting, the declaration of Actual Cash Value (ACV) of goods or \$2.00 per pound at the time shipment is tendered to carrier. Additional charges may be applicable. Increase Valuation above the ACV may be purchased at an additional charge.

Shipper Signature:

Date:

IMPORTANT NOTICE

*Estimate of Charges does not constitute a fixed price bid. Actual Charges will be due upon completion of the move. Changes to contract cannot be orally amended. Changes must be in writing. All Deliveries are C.O.D. unless noted.
*Please inspect goods promptly, claims for lost and damaged goods must be filed within 30 days.

Delivery Acknowledgment: Shipment was received in apparent good condition except as noted, and all services were performed.

Shipper Signature:

Date:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|--------------------------|-----------|---|---|----------|----------------|---|--|----------|------------------|--|--|----------|-------------|--------|---|---|------------------|--|--|--|---------------------------|--|--|--|--------------|------|--|--|----------------|----|------|--|----------------|----|------|--|-----------------------|--|--|--|---|--|----------------|--|--------------------|--|------|--|-----------|--|---------|--|
| Time | Agreed Date | Service Date (Actual) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 830AM | | Friday, 4/29/2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job type and Service Office and Industrial Move | | Ticket/WO Number 2794 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sales Rep: Ron Ross | | Coord: Cheryl Scarpelli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shipper Dest College of Dupage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: College of Dupage- 425 Fawell Blvd Mac Building Glen Ellyn, IL 60137 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | Ph | MAY 06 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Total Hrs</td> <td>X</td> <td>*</td> <td>Per Hour</td> </tr> <tr> <td>Total OT Hours</td> <td>X</td> <td></td> <td>Per Hour</td> </tr> <tr> <td colspan="3">Additional Labor</td> <td>Per Hour</td> </tr> <tr> <td>Travel Time</td> <td>No hrs</td> <td>X</td> <td>*</td> </tr> <tr> <td colspan="3">Packing Material</td> <td></td> </tr> <tr> <td colspan="3">Material/Equipment Rental</td> <td></td> </tr> <tr> <td>Pack Charges</td> <td>Date</td> <td></td> <td></td> </tr> <tr> <td>FVP Protection</td> <td>\$</td> <td>@ \$</td> <td></td> </tr> <tr> <td>ACV Protection</td> <td>\$</td> <td>@ \$</td> <td></td> </tr> <tr> <td colspan="3">TOTAL CHARGES DUE: \$</td> <td></td> </tr> <tr> <td colspan="2">*You are obligated to pay any balance in 30 Days.</td> <td>Balance Due \$</td> <td></td> </tr> <tr> <td colspan="2">Driver's Signature</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="2">Hans Clow</td> <td colspan="2">4-29-22</td> </tr> </table> | | | Total Hrs | X | * | Per Hour | Total OT Hours | X | | Per Hour | Additional Labor | | | Per Hour | Travel Time | No hrs | X | * | Packing Material | | | | Material/Equipment Rental | | | | Pack Charges | Date | | | FVP Protection | \$ | @ \$ | | ACV Protection | \$ | @ \$ | | TOTAL CHARGES DUE: \$ | | | | *You are obligated to pay any balance in 30 Days. | | Balance Due \$ | | Driver's Signature | | Date | | Hans Clow | | 4-29-22 | |
| Total Hrs | X | * | Per Hour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total OT Hours | X | | Per Hour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Labor | | | Per Hour | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel Time | No hrs | X | * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Packing Material | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material/Equipment Rental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pack Charges | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FVP Protection | \$ | @ \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACV Protection | \$ | @ \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL CHARGES DUE: \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *You are obligated to pay any balance in 30 Days. | | Balance Due \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Signature | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hans Clow | | 4-29-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: 4/25/22

Payroll End: 4/29/22

Contractor and/or Subcontractor

Public Body Information

| | | | | | | | |
|---|--------------------|------------------------------------|--|---|-----------|--------------------|--|
| HRI Installations LLC (Company Name) | | Gary Hicks (Contact Name) | | College of DuPage (Public Body Name) | | (Contact Name) | |
| 9219 32nd Ave (Street Address) | | Kenosha (City) | | (Street Address) | | (City) | |
| WI (State) | 53142 (Zipcode) | 847-774-1044 (Telephone Number) | | (State) | (Zipcode) | (Telephone Number) | |

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

| Worker Name, Address Last Four of SSN & Telephone Number | SUN | MON | TUE | WED | THR | FRI | SAT | Total Straight Time Hours | Total OT Hours | Hourly Wage Rate | OT Wage Rate | Per Pay Period Gross | Net |
|---|-----|-----|-----|-----|-----|-----|-----|------------------------------|-------------------|---------------------|-----------------|-------------------------|--------|
| Gavan K. Hicks 9219 32nd Ave Kenosha WI 53142 0165 Labor Classification: Driver/Helper | | | | | | 4 | | | | 63.93 | | | 255.72 |
| Hourly Fringe Benefit: Pension: 13.57 Health/Welfare: 10.15 Vacation: 0.00 Training: 0.15 | | | | | | | | | | | | | |
| Emory Pettit 2809 24th Ave Kenosha WI 53142 7238 Labor Classification: Driver/Helper | | | | | | 4 | | | | 63.93 | | | 255.72 |
| Hourly Fringe Benefit: Pension: 13.57 Health/Welfare: 10.15 Vacation: 0.00 Training: 0.15 | | | | | | | | | | | | | |
| Maurice Charles 2615 Sunset Ave Waukegan IL 60087 6468 Labor Classification: Driver/Helper | | | | | | 4 | | | | 63.93 | | | 255.72 |
| Hourly Fringe Benefit: Pension: 13.57 Health/Welfare: 10.15 Vacation: 0.00 Training: 0.15 | | | | | | | | | | | | | |

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must correct such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked

Jean Akrivos <jean@hollandermoving.com>

[External] Invoice #2896 PO #P0002816

Jean Akrivos <jean@hollandermoving.com>

Fri, May 20, 2022 at 06:53 PM GMT

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Hello,

Attached please find our invoice and supporting paperwork for the above mentioned relocation. Please let us know if you have any questions or concerns.

Thank you.

Jean Akrivos

Jean Akrivos

Special Products Billing

Hollander/United Van Lines U888/Mayflower Transit M2888

800 323-6600, ext 5983

jean@hollandermoving.com

*My hours are Tuesday – Friday 7:00 am – 4:00 pm CST.

2 attachments

DOC.pdf

image001.png