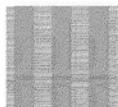


Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1585496  
Vendor Name: Banner Personnel Service Inc  
Invoice Number: 45221  
Invoice Date: 8/5/2023  
PO Number: B0001459  
Check Number: E0097510  
Check Amount: \$ 2,108.00  
Check Date: 10/10/2023  
Voucher Number: V0803827  
Document Type: AP Invoice

Document Below

Remit To:



**Banner Personnel Service, Inc.**

**7425 Janes Avenue, Suite 201  
Woodridge, IL 60517  
630-515-0500**

Accounts Payable  
College Of DuPage  
425 22nd St  
Glen Ellyn, IL 60137

**Branch Name: Naperville**

<b>Invoice Date</b>	<b>Invoice #</b>
8/5/2023	45221
<b>Customer #</b>	<b>Invoice Amt</b>
48221	\$1,736.00

TERMS: Unless otherwise provided for under contract:  
This invoice must be paid within 10 days. Any invoiced amount not paid within 30 days will accrue interest at the rate of 1% per month or at the maximum rate permitted by law. Client directed travel or expense costs will be assessed a 5% handling charge.

**Please detach and return with remittance**

**PO Number: B0001459**

Employee	Description	Reg Hrs	Rate	OT Hrs	OT Rate	Total
Brock, Donna	<b>WeekendDate: 8/6/2023</b> Administrative Assistant Department Name: Adult Education	32.00	\$24.80	0.00	\$37.20	\$793.60
Grant, Nicole	Administrative Assistant Department Name: Adult Education	38.00	\$24.80	0.00	\$37.20	\$942.40

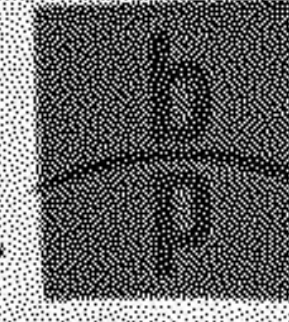
**Please Pay \$1,736.00**





**Banner Personnel**  
Temporary Employee Time Sheet

bannerpersonnel



SOCIAL SECURITY NUMBER											
X	X	X	X	X	6	8	9	8			

EMPLOYEE: LAST NAME Brock FIRST Donna

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET.

EMPLOYEE SIGNATURE X Donna Brock

COMPANY NAME College of DuPage

ADDRESS 425 Fawell Blvd.

CITY/STATE/ZIP Glen Ellyn, IL 60137

EVERY TEMPORARY EMPLOYEE IS REQUIRED TO CONTACT BANNER PERSONNEL, INC. WHEN THEIR ASSIGNMENT WITH A CUSTOMER ENDS. IF THE EMPLOYEE FAILS TO CONTACT THE FIRM, THE EMPLOYEE WILL BE CONSIDERED TO HAVE LEFT WORK VOLUNTARILY WITHOUT CAUSE, AND UNEMPLOYMENT BENEFITS MAY BE DENIED. ACCEPTANCE OF THIS TEMPORARY JOB CANNOT BE CONSTRUED AS A GUARANTEE OF FULL TIME EMPLOYMENT.

WEEK ENDING SATURDAY

8-5-23

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
SUN	7-30				
MON	7-31	8:00	3:00	-	8
TUE	8-1	8:00	3:00	-	8
WED	8-2				
THU	8-3	8:00	3:00	-	8
FRI	8-4	8:00	3:00	-	8
SAT	8-5				

TOTAL TO NEAREST QUARTER HOUR.  
MINIMUM ASSIGNMENT TIME IS 4 HOURS.  
CLIENT WILL BE BILLED FOR HOURS LISTED.

TOTAL: 32

**CLIENT AGREEMENT**  
**BANNER** HAS INCURRED EXPENSE IN RECRUITING ITS EMPLOYEES. AS PART OF YOUR AGREEMENT WITH **BANNER**, THE CLIENT AGREES NOT TO HIRE THE TEMPORARY NAMED HEREON AS AN EMPLOYEE, CONSULTANT, INDEPENDENT CONTRACTOR, OR IN ANY OTHER POSITION IN THE COMPANY WITHOUT PRIOR CONSENT OF **BANNER** AND PAYMENT OF THE APPLICABLE FEE (SEE [WWW.BANNERPERSONNEL.COM/TERMS.HTM](http://WWW.BANNERPERSONNEL.COM/TERMS.HTM)).

I CERTIFY THAT THE ABOVE HOURS ARE CORRECT.

CLIENT SIGNATURE

TITLE

X Kate Gargula

Admin Assist III

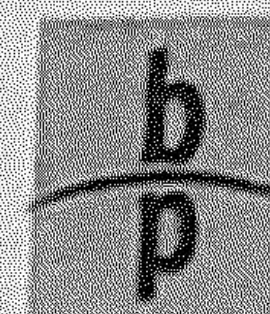
Please fax or email to: 630.505.4566 or

[bps\\_naperville@bannerpersonnel.com](mailto:bps_naperville@bannerpersonnel.com)



**Banner Personnel**  
Temporary Employee Time Sheet

**bannerpersonnel**



SOCIAL SECURITY NUMBER								
X	X	X	X	X	2	9	7	8

EMPLOYEE: LAST NAME FIRST  
STALLWORTH- GRANT NICOLE

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET.

EMPLOYEE  
SIGNATURE

X *[Signature]*

COMPANY NAME  
COLLEGE OF DuPAGE

ADDRESS  
425 FAWELL BLVD

CITY/STATE/ZIP  
GLEN ELLYN, IL 60137

EVERY TEMPORARY EMPLOYEE IS REQUIRED TO CONTACT BANNER PERSONNEL, INC. WHEN THEIR ASSIGNMENT WITH A CUSTOMER ENDS. IF THE EMPLOYEE FAILS TO CONTACT THE FIRM, THE EMPLOYEE WILL BE CONSIDERED TO HAVE LEFT WORK VOLUNTARILY WITHOUT CAUSE, AND UNEMPLOYMENT BENEFITS MAY BE DENIED. ACCEPTANCE OF THIS TEMPORARY JOB CANNOT BE CONSTRUED AS A GUARANTEE OF FULL TIME EMPLOYMENT.

WEEK ENDING SATURDAY

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
SUN	7/30/23	N/A	N/A	N/A	N/A
MON	7/31/23	9:00 AM	5:00PM	N/A	8
TUE	8/1/23	9:00 AM	5:00PM	N/A	8
WED	8/2/23	9:00 AM	5:00PM	N/A	8
THU	8/3/23	9:00 AM	5:00PM	N/A	8
FRI	8/4/23	9:00 AM	3:00PM	N/A	6
SAT	8/5/23	N/A	N/A	N/A	N/A
TOTAL TO NEAREST QUARTER HOUR. MINIMUM ASSIGNMENT TIME IS 4 HOURS. CLIENT WILL BE BILLED FOR HOURS LISTED.					TOTAL: 38

**CLIENT AGREEMENT**

**BANNER** HAS INCURRED EXPENSE IN RECRUITING ITS EMPLOYEES. AS PART OF YOUR AGREEMENT WITH **BANNER**, THE CLIENT AGREES NOT TO HIRE THE TEMPORARY NAMED HEREON AS AN EMPLOYEE, CONSULTANT, INDEPENDENT CONTRACTOR, OR IN ANY OTHER POSITION IN THE COMPANY WITHOUT PRIOR CONSENT OF **BANNER** AND PAYMENT OF THE APPLICABLE FEE (SEE [WWW.BANNERPERSONNEL.COM/TERMS.HTM](http://WWW.BANNERPERSONNEL.COM/TERMS.HTM)).  
I CERTIFY THAT THE ABOVE HOURS ARE CORRECT.

CLIENT SIGNATURE

X *Kate Gargula*

TITLE

*Admin Assist III*



Molly Blubaugh <mblubaugh@bannerpersonnel.com>

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**[External] Banner Personnel Service, Inc. Invoice - 1 of 1**

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**Molly Blubaugh** <mblubaugh@bannerpersonnel.com>

Thu, Aug 10, 2023 at 05:59 PM UTC

CC:

BCC:

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To College Of DuPage ,

Thank you for your continued business!

Attached to this e-mail is your electronic invoice statement.

The attachment may only be viewed using Adobe Acrobat or Adobe Reader. To download a free copy of Adobe Reader, please click on the link below:

<http://www.adobe.com/products/acrobat/readstep2.html>

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**1 attachment**

COD 45221 + timecards.pdf



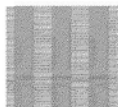
Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1585496  
Vendor Name: Banner Personnel Service Inc  
Invoice Number: 45529  
Invoice Date: 9/30/2023  
PO Number: B0001678  
Check Number: E0097510  
Check Amount: \$ 2,108.00  
Check Date: 10/10/2023  
Voucher Number: V0806080  
Document Type: AP Invoice

Document Below



Remit To:



**Banner Personnel Service, Inc.**

**7425 Janes Avenue, Suite 201  
Woodridge, IL 60517  
630-515-0500**

Accounts Payable  
College Of DuPage  
425 22nd St  
Glen Ellyn, IL 60137

**Branch Name: Naperville**

<b>Invoice Date</b>	<b>Invoice #</b>
9/30/2023	45529
<b>Customer #</b>	<b>Invoice Amt</b>
48221	\$372.00

TERMS: Unless otherwise provided for under contract:  
This invoice must be paid within 10 days. Any invoiced amount not paid within 30 days will accrue interest at the rate of 1% per month or at the maximum rate permitted by law. Client directed travel or expense costs will be assessed a 5% handling charge.

**Please detach and return with remittance**

**PO Number: B0001678**

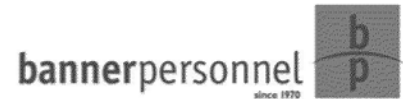
Employee	Description	Reg Hrs	Rate	OT Hrs	OT Rate	Total
VEGA, KATHLEEN	<b>WeekendDate: 10/1/2023</b> Administrative Assistant Department Name: Career Services	15.00	\$24.80	0.00	\$37.20	\$372.00

**Please Pay \$372.00**





**Banner Personnel**  
Temporary Employee Time Sheet



SOCIAL SECURITY NUMBER									
X	X	X	X	X					

EMPLOYEE: LAST NAME **VEGA** FIRST **KATHLEEN**

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET.

EMPLOYEE

SIGNATURE **X**

COMPANY NAME **COLLEGE OF DuPAGE CAREER SERVICES CENTER**

ADDRESS **425 FAWELL BLVD**

CITY/STATE/ZIP **GLEN ELLYN, IL, 60137**

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WEEK ENDING SATURDAY

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
<b>SUN</b>					
<b>MON</b>					
<b>TUE</b>					
<b>WED</b>	09/27/2023	9AM	2PM		5
<b>THU</b>	09/28/2023	9AM	2PM		5
<b>FRI</b>	09/29/2023	9AM	2PM		5
<b>SAT</b>					
<b>TOTAL TO NEAREST QUARTER HOUR.</b> <b>MINIMUM ASSIGNMENT TIME IS 4 HOURS.</b> <b>CLIENT WILL BE BILLED FOR HOURS LISTED.</b>					<b>TOTAL: 15</b>

**CLIENT AGREEMENT**

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I CERTIFY THAT THE ABOVE HOURS ARE CORRECT.

CLIENT SIGNATURE

**X** *Melissa Schertz*

TITLE

Interim Manager, Career Services

**Please fax or email to: 630.505.4566 or  
bps\_naperville@bannerpersonnel.com**



**[External] Banner Personnel Service, Inc. Invoice - 1 of 2**

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**Molly Blubaugh** <mblubaugh@bannerpersonnel.com>

Thu, Oct 5, 2023 at 09:24 PM UTC

CC:

BCC:

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Thank you for your continued business!

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<http://www.adobe.com/products/acrobat/readstep2.html>

#####

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**1 attachment**

COD 45529 + timecard.pdf