

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1745297

**Vendor Name:** Kerry Farms

**Check Details:**

**Check Number:** E0106238

**Check Amount:** \$ 3,285.25

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** 022825

**Invoice Date:** 2/28/2025

**PO Number:** P0016039

**Voucher Number:** V0875793

**Document Type:** AP Invoice

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**Document Below**

**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2024-8/31/2025

P0016039

**Employer Payment Request***For Employer only:*

Employer: Kerry Farms

Contact Name: Dr Joe Sheehan

Contact Email: drjoesheehan@kerryfarms.com

Nature of Work Performed: Horticulture Research

Student Name: Konrad Kuczkowski

Student Signature: *Konrad Kuczkowski*Employer Signature: *J Sheehan*

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.6%	Total
example: 235	11/12/2024-01/31/2025	268.5	17	\$ 0.00	\$ 0.00	\$ 0.00
23568103231	11/12/2024-01/31/2025	268.5	17	\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
Grand Total:						\$ 0.00
x 50%						\$ 0.00
Projected Payment to Employer:						\$ 0.00
						\$2,282.25

Please provide **paystubs** and **timesheets** to reflect the reimbursement above. Forms should be sent to [internships@cod.edu](mailto:internships@cod.edu) on a monthly basis with the subject line of: IBHE CWS Grant.

Reimbursement is on a first come, first served basis and are dependent on the availability of limited grant funds. Timely submission of this form is important to ensuring fund availability and reimbursement. Student payroll is not eligible for reimbursement once funds have run out. For questions or concerns, please contact Rebecca Harrington in Career Services at 630-942-2458 or [internships@cod.edu](mailto:internships@cod.edu).

*For Career Services dept only:*Student ID#: ~~1592818~~ 1597665Quarter: ☐ Q1 ☐ Q2 ☒ Q3 ☐ Q4

Student Program: Horticulture

Career Services Program Manager Signature: *Rebecca Harrington**For Grant Accountant only:*

Accounts Payable, please pay vendor: \$2,282.25

Grant Accountant Signature: Grace Wahler

Digitally signed by Grace Wahler  
Date: 2025.02.11 15:18:32 -06'00'

"Harrington, Rebecca" <riversr@cod.edu>

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**P0016039**

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"Harrington, Rebecca" <riversr@cod.edu>

Fri, Feb 28, 2025 at 10:09 PM UTC

CC:

BCC:

P0016039

Rebecca Harrington  
Program Manager  
College of DuPage Career Services, SSC 3373  
riversr@cod.edu

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**1 attachment**

Kerry Farms Nov Jan P0016039.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1745297

**Vendor Name:** Kerry Farms

**Check Details:**

**Check Number:** E0106238

**Check Amount:** \$ 3,285.25

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** P0016040

**Invoice Date:** 2/28/2025

**PO Number:** P0016040

**Voucher Number:** V0875794

**Document Type:** AP Invoice

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**Document Below**

**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2024-8/31/2025

**Employer Payment Request**

P0016040

*For Employer only:*

Employer: Kerry Farms

Contact Name: Dr Joe Sheehan

Contact Email: drjoesheehan@kerryfarms.com

Nature of Work Performed: Horticulture Research

Student Name: Abigail Kuczkowski

Student Signature:

AK

Employer Signature:

J Sheehan

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.6%	Total
example: 22803973989	9/2/2024-11/15/2024	118	17.00	\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: \$ 0.00

x 50% \$ 0.00

Projected Payment to Employer: \$ 0.00

\$ 1,003.00

Please provide **paystubs and timesheets** to reflect the reimbursement above. Forms should be sent to [internships@cod.edu](mailto:internships@cod.edu) on a monthly basis with the subject line of: IBHE CWS Grant.

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*For Career Services dept only:*

Student ID#: 1592818

Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: Horticulture

Career Services Program Manager Signature:

*For Grant Accountant only:*Accounts Payable, please pay vendor: **\$1,003.00**Grant Accountant Signature: **Grace Wahler**Digitally signed by Grace Wahler  
Date: 2025.02.17  
14:14:05 -06'00'

"Harrington, Rebecca" <riversr@cod.edu>

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**P0016040**

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"Harrington, Rebecca" <riversr@cod.edu>

Fri, Feb 28, 2025 at 10:10 PM UTC

CC:

BCC:

P0016040

Rebecca Harrington  
Program Manager  
College of DuPage Career Services, SSC 3373  
riversr@cod.edu

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**1 attachment**

Kerry Farms Sept Nov P0016040.pdf