

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1789610 **Vendor Name:** Mariani Enterprises

**Check Details:**

**Check Number:** E0110952 **Check Amount:** \$ 9,108.85 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** P0020677 **Invoice Date:** 7/19/2025 **PO Number:** P0020677 **Voucher Number:** V0915793

**Document Type:** AP Invoice

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**Document Below**



**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2025-8/31/2026

**Employer Payment Request**

*For Employer only:*

Employer: Mariani Landscape

Contact Name: Estefany Padilla

Contact Email: epadilla@marianilandscape.com

Nature of Work Performed: Associate Client Rep- Horticulture Client Rep, Customer Service, etc, Sales, Proposals, etc.

Student Name: Miranda Casey

Student Signature:

Employer Signature:

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.65%	Total
example:						
	07/09/2025- 07/19/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
				\$ 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: \$ 2,277.01

x 50% \$ 1,138.51

Projected Payment to Employer: \$ 1,138.51

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#: 1478652

☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: Hort

Career Services Program Manager Signature:

*For Grant Accountant only:*

Accounts Payable, please pay vendor: **\$1,138.61**

Grant Accountant Signature:

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

---

**P0020677**

---

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

Wed, Dec 3, 2025 at 10:44 PM UTC

CC:

BCC:

**P0020677**

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

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**1 attachment**

IBHE Reimbursement Form Mariani Casey.Miranda Jul FY26 P0020677.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1789610 **Vendor Name:** Mariani Enterprises

**Check Details:**

**Check Number:** E0110952 **Check Amount:** \$ 9,108.85 **Check Date:** 12/9/2025

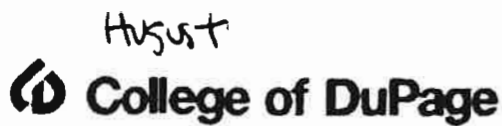
**Invoice Details:**

**Invoice Number:** P0020683 **Invoice Date:** 8/16/2025 **PO Number:** P0020683 **Voucher Number:** V0915792

**Document Type:** AP Invoice

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**Document Below**



**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2025-8/31/2026

**Employer Payment Request**

*For Employer only:*

Employer: Mariani Landscape

Contact Name: Estefany Padilla

Contact Email: epadilla@marianilandscape.com

Nature of Work Performed: Associate Client Rep- Horticulture Client Rep, Customer Service, etc, Sales, Proposals, etc.

Student Name: Miranda Casey

Student Signature:

Employer Signature:

example:	Check #	Pay Period	Total Hours	Rate	Total	FICA 7.65%	Total
		07/20/2025-08/02/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
		08/03/2025-08/16/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
					\$ 0.00	\$ 0.00	\$ 0.00
					\$ 0.00	\$ 0.00	\$ 0.00
					\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: ~~\$ 554.02~~

x 50% ~~\$ 2,277.01~~

Projected Payment to Employer: ~~\$ 2,277.01~~

Please provide paystubs and timesheets to reflect the reimbursement above. Forms should be sent to 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.

*For Career Services dept only:*

Student ID#: 1478652

☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: Horticulture

Career Services Program Manager Signature:

*Rebecca A. Harrington*

*For Grant Accountant only:*

Accounts Payable, please pay vendor: **\$2,277.21**

Grant Accountant Signature:

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

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**P0020683**

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

Wed, Dec 3, 2025 at 10:46 PM UTC

CC:

BCC:

P0020683

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

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**1 attachment**

IBHE Reimbursement Mariani Casey.Miranda Jul\_Aug FY26.P0020683.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1789610 **Vendor Name:** Mariani Enterprises

**Check Details:**

**Check Number:** E0110952 **Check Amount:** \$ 9,108.85 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** P0020684 **Invoice Date:** 9/13/2025 **PO Number:** P0020684 **Voucher Number:** V0915791

**Document Type:** AP Invoice

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**Document Below**

September



Career Services Center

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2025-8/31/2026

Employer Payment Request

For Employer only:

Employer: Mariani Landscape

Contact Name: Estefany Padilla

Contact Email: epadilla@marianilandscape.com

Nature of Work Performed: Associate Client Rep- Horticulture Client Rep, Customer Service, etc, Sales, Proposals, etc.

Student Name: Miranda Casey

Student Signature:

Employer Signature:

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.65%	Total
example:						
	08/17/2025-08/30/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
	08/31/2025-09/13/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: \$ 4,554.03

x 50% \$ 2,277.01

Projected Payment to Employer: \$ 2,277.01

Please provide paystubs and timesheets to reflect the reimbursement above. Forms should be sent to 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.

For Career Services dept only:

Student ID#: 1478652

☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program:

Hort

Career Services Program Manager Signature:

For Grant Accountant only:

Accounts Payable, please pay vendor: **\$2,277.21**

Grant Accountant Signature:



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

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**P0020684**

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

Wed, Dec 3, 2025 at 10:48 PM UTC

CC:

BCC:

**P0020684**

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

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**1 attachment**

IBHE Reimbursement Mariani Casey.Miranda Aug.Sept FY26 P0020684.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1789610 **Vendor Name:** Mariani Enterprises

**Check Details:**

**Check Number:** E0110952 **Check Amount:** \$ 9,108.85 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** P0020685 **Invoice Date:** 10/25/2025 **PO Number:** P0020685 **Voucher Number:** V0915790

**Document Type:** AP Invoice

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**Document Below**



**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2025-8/31/2026

**Employer Payment Request**

*For Employer only:*

Employer: Mariani Landscape

Contact Name: Estefany Padilla

Contact Email: epadilla@marianilandscape.com

Nature of Work Performed: Associate Client Rep- Horticulture Client Rep, Customer Service, etc, Sales, Proposals, etc.

Student Name: Miranda Casey

Student Signature:

Employer Signature:

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.65%	Total
example:						
	09/14/2025-09/27/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
	09/28/2025-10/11/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
	10/12/2025-10/25/2025	80.00	\$ 26.44	\$ 2,115.20	\$ 161.81	\$ 2,277.01
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: ~~\$ 6,831.03~~

x 50% ~~\$ 3,415.52~~

Projected Payment to Employer: ~~\$ 3,415.52~~

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#:

1478652

☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program:

Hort

Career Services Program Manager Signature:

*Rebecca A. Harrington*

*For Grant Accountant only:*

Accounts Payable, please pay vendor: **\$3,415.82**

Grant Accountant Signature:

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

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**P0020685**

---

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

Wed, Dec 3, 2025 at 10:50 PM UTC

CC:

BCC:

P0020685

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

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**1 attachment**

IBHE Reimbursement Mariani Casey.Miranda Sept.Oct FY26.P0020685.pdf