

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1087327 **Vendor Name:** The Morton Arboretum

**Check Details:**

**Check Number:** 0347003 **Check Amount:** \$ 818.14 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** P0020689 **Invoice Date:** 12/2/2025 **PO Number:** P0020689 **Voucher Number:** V0915781

**Document Type:** AP Invoice

---

**Document Below**



**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

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

**7/1/2025-8/31/2026**

**Employer Payment Request**

*For Employer only:*

Employer: The Morton Arboretum

Contact Name: Andrew Hipp

Contact Email: ahipp@mortonarb.org

Nature of Work Performed: Herbarium Intern

Student Name: Binna Kim

Student Signature: **Binna Kim** Digitally signed by Binna Kim  
Date: 2025.11.21 15:09:53  
-06'00'

Employer Signature:  Andrew Hipp, 2025-11-21

| example: | Check # | Pay Period            | Total Hours | Rate     | Total     | FICA 7.6% | Total     |
|----------|---------|-----------------------|-------------|----------|-----------|-----------|-----------|
|          | 245     | 7/1/2024-7/12/2024    | 20          | \$ 15.00 | \$ 300.00 | \$ 22.80  | \$ 322.80 |
|          | 460193  | 10/26/2025-11/08/2025 | 38.00       | \$ 20.00 | \$ 760.00 | \$ 57.76  | \$ 817.76 |
|          |         |                       |             |          | \$ 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: ~~\$ 817.76~~

x 50% ~~\$ 408.88~~

Projected Payment to Employer: ~~\$ 408.88~~

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#:

Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: **Horticulture**

Career Services Program Manager Signature: 

*For Grant Accountant only:*

Accounts Payable, please pay vendor: **\$409.07**

Grant Accountant Signature:

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

---

**P0020689**

---

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

Wed, Dec 3, 2025 at 10:38 PM UTC

CC:

BCC:

P0020689

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

Visit us at [cod.edu/careerservices](https://cod.edu/careerservices)  
Listen to [The Career Ready Podcast](#)

---

**1 attachment**

IBHE CWS Employer Reimbursement Form-BinnaKim\_P0020689.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1087327 **Vendor Name:** The Morton Arboretum

**Check Details:**

**Check Number:** 0347003 **Check Amount:** \$ 818.14 **Check Date:** 12/9/2025

**Invoice Details:**

**Invoice Number:** P0020690 **Invoice Date:** 12/2/2025 **PO Number:** P0020690 **Voucher Number:** V0915782

**Document Type:** AP Invoice

---

**Document Below**



**Career Services Center**

Illinois Board of Higher Education, Cooperative Work Study

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

**7/1/2025-8/31/2026**

**Employer Payment Request**

*For Employer only:*

Employer: The Morton Arboretum

Contact Name: Andrew Hipp

Contact Email: ahipp@mortonarb.org

Nature of Work Performed: Herbarium Intern

Student Name: Binna Kim

Student Signature: *Binna Kim*

Employer Signature: *Andrew Hipp*

| Check #      | Pay Period           | Total Hours | Rate     | Total     | FICA 7.6% | Total     |
|--------------|----------------------|-------------|----------|-----------|-----------|-----------|
| example: 245 | 7/1/2024-7/12/2024   | 20          | \$ 15.00 | \$ 300.00 | \$ 22.80  | \$ 322.80 |
| 480192       | 11/9/2025-11/22/2025 | 38.00       | \$ 20.00 | \$ 760.00 | \$ 57.76  | \$ 817.76 |
|              |                      |             |          | \$ 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: \$ 817.76

x 50% \$ 408.88

Projected Payment to Employer: \$ 408.88

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#:

Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: *Horticulture*

Career Services Program Manager Signature:

*Rebecca Harrington*

*For Grant Accountant only:*

Accounts Payable, please pay vendor: **\$409.07**

Grant Accountant Signature:

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

---

**P0020690**

---

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

Wed, Dec 3, 2025 at 10:40 PM UTC

CC:

BCC:

P0020690

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

Visit us at [cod.edu/careerservices](https://cod.edu/careerservices)  
Listen to [The Career Ready Podcast](#)

---

**1 attachment**

IBHE CWS Employer Reimbursement Form-BinnaKim\_P0020690.pdf