

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004238
Invoice Date: 12/09/17
PO Number: B0352667
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00393
Reviewer Name:
Voucher Number: V0490360
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

STIVERS

STAFFING SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015

Phone: 312/558-3550

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-ROOM 2134

TERMS: NET CASH

GLENN ALLYN

AP VERIFIED

60137

12/22/17 BETHANY CRUSE

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 09 2017	8004238	DEC 09 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

AUDREY KNEZ

AD 0104

8.00

17.700

141.60

TEACHING & LEARNING CENTER

TOTAL 141.60

RECEIVED

DEC 18 2017

HUMAN RESOURCES

May Coates
Boff 352667

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

THIS INVOICE DOES NOT NECESSARILY REPRESENT THE COMPLETION OF AN ASSIGNMENT SINCE IT IS OUR PRACTICE TO BILL THE HOURS WORKED EACH WEEK.

ORIGINAL INVOICE

Audrey Knez

(13)

MO.

12

9

YEAR

17

Stivers
Use Only

TIME RE

STIVERS STAFFING SERVICES, INC

8 -

Company
Name/Dept

College of DuPage

Address

425 Fawell Blvd.

City/State

Glen Ellyn, IL 60137

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	8	45					1	45	5	0
TUES.										
WED.	11	45					2	45	3	0
THURS.										
FRI.										
SAT.										
SUN.										

EMPLOYEE SIGNATURE:

By email - Audrey Knez

TOTAL HOURS

8 1

REGULAR TIME

HRS MIN

8 0

OVERTIME

HRS MIN

CLIENT SIGNATURE:

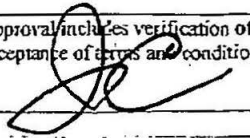
By email - J. Coates

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Stivers office after completing this assignment to discuss another assignment, and, if I do not do so, Stivers may assume that I am not then available for work.

UP TO 40 HERE

OVER 40
HERE

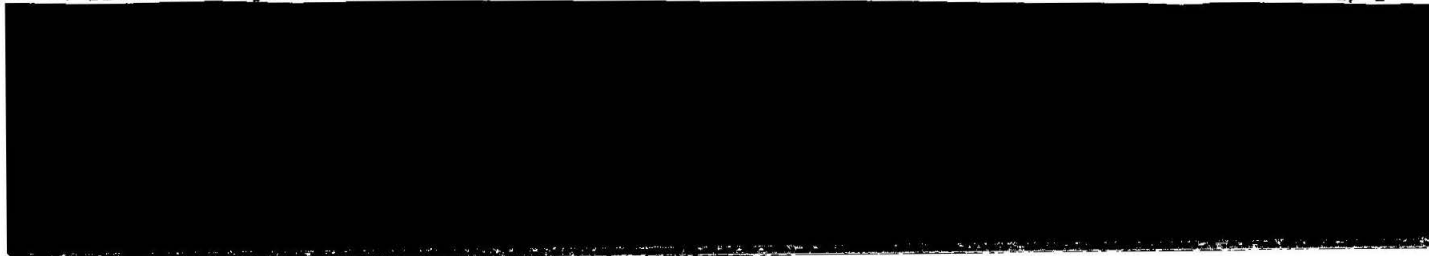
Approval includes verification of hours worked acceptance of terms and conditions.



Dec.12.2017 11:50 AM naperville

16302450497

P 2 / 2



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004192
Invoice Date: 12/02/17
PO Number: B0354312
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00789
Reviewer Name: Barbara Groves
Voucher Number: V0490382
Redaction Type: None
Document Type: AP Invoice

Document Below

From: grovesb16@cod.edu
Sent: Wed Dec 20 15:44:32 CST 2017
To: invoicing@cod.edu
CC:
Subject: Stivers Inv # 8004192

Barb Groves
Administrative Assistant
Vice President of Academic Affairs Office
College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137
630-942-2005 (ph) | 630-942-3925 (fax)

APPROVED
12/22/17 - DONNA STEWART

INVOICE REVIEWED
OKAY TO PAY
BARBARA GROVES 12/22/

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

STIVERS STAFFING SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312/558-8550

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2124
GLEN ELLYN IL
DEANNA DUVAL

TERMS: NET CASH

BO# 354312

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 02 2017	8004192	DEC 02 2017

EMPLOYEE	CODE	HOURS	RATE	TOTAL
----------	------	-------	------	-------

LISA SALTIEL	ACADEMIC AFFAIRS	40.00	17.950	718.00
--------------	------------------	-------	--------	--------

TOTAL 718.00

RECEIVED

DEC 11 2017

FOR YOUR STAFFING NEEDS CALL STIVERS HUMAN RESOURCES STAFFING SERVICES !

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS
THIS INVOICE DOES NOT NECESSARILY REPRESENT THE COMPLETION OF AN ASSIGNMENT SINCE IT IS OUR PRACTICE TO BILL THE HOURS WORKED EACH WEEK.

ORIGINAL INVOICE

Dec.04.2017 03:13 PM naperville

16302450497

P 16/21

CHICAGO

IMPORTANT - TYPE OR USE BALLPOINT PEN; READ INSTRUCTIONS ON BACK OF LAST COPY. (1) SEND ORIGINAL REPORT TO STIVERS BY FRIDAY OF EACH WEEK, (2) GIVE CLIENT 2ND COPY, (3) KEEP 3RD COPY.

* SPECIAL NOTE *
TIME REPORTS THAT ARE NOT RECEIVED AT STIVERS BY THE FOLLOWING MONDAY NOON WILL BE PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)
Lisa M. Saltiel

34

WEEK ENDING (SAT.)
12/02/17
MO. DAY YEAR

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER

7295

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
MON.	8	30	12	00	12	30	5	00	8	00
TUES.	8	30	12	00	12	30	5	00	8	00
WED.	8	30	12	00	12	30	5	00	8	00
THURS.	8	30	12	00	12	30	5	00	8	00
FRI.	8	30	12	00	12	30	5	00	8	00
SAT.										
SUN.										

EMPLOYER SIGNATURE
Lisa M. Saltiel

TOTAL HOURS
40

STIVERS

STAFFING SERVICES, INC.

TIME REPORT

40 -

COMPANY NAME College of Dupage
ADDRESS 425 Fawell Blvd
CITY/STATE Glen Ellyn, Illinois
DEPARTMENT Academic Affairs

REGULAR TIME
HRS. MIN.
11.00

OVERTIME
HRS. MIN.
00.00

CLIENT SIGNATURE
Deanna Duval

I hereby certify that the hours shown herein were worked by me during

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004237
Invoice Date: 12/09/17
PO Number: B0354312
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00789
Reviewer Name: Barbara Groves
Voucher Number: V0490383
Redaction Type: None
Document Type: AP Invoice

Document Below

From: grovesb16@cod.edu
Sent: Wed Dec 20 15:45:12 CST 2017
To: invoicing@cod.edu
CC:
Subject: Stivers Inv #8004237

Barb Groves
Administrative Assistant
Vice President of Academic Affairs Office
College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137
630-942-2005 (ph) | 630-942-3925 (fax)

APPROVED
12/22/17 - DONNA STEWART
INVOICE REVIEWED
OKAY TO PAY
BARBARA GROVES 12/

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312/558-3550

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD- RM 2134

GLEN ELLYN IL

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 09 2017	8004237	DEC 09 2017

EMPLOYEE

HOURS

RATE

TOTAL

LISA SALTIEL

ACADEMIC AFFAIRS

0104 40.00 17.950 718.00

TOTAL 718.00

RECEIVED

DEC 18 2017

HUMAN RESOURCES

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES !

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

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ORIGINAL INVOICE

Dec.11.2017 01:22 PM naperville

16302450497

P 31/33

CHICAGO

IMPORTANT >

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SPECIAL NOTE
TIME REPORTS THAT ARE
NOT RECEIVED AT STIVERS
BY THE FOLLOWING
MONDAY NOON WILL BE
PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Lisa M. Saltiel

30

WEEK ENDING (SAT)
12 9 17
MO. DAY YEAR

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

7 2 9 5

	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS FOR DAY
	HR MIN	HR MIN	HR MIN	HR MIN	HR MIN
MON.	8 30	12 00	12 30	5 00	8 00
TUES.	8 30	12 00	12 30	5 00	8 00
WED.	8 30	12 00	12 30	5 00	8 00
THURS.	8 30	12 00	12 30	5 00	8 00
FRI.	8 30	12 00	12 30	5 00	8 00
SAT.					
SUN.					

STIVERS

STAFFING SERVICES, INC

TIME REPORT

40-

COMPANY

College of DuPage

ADDRESS

425 Fawell Blvd

CITY/STATE

Glen Ellyn Illinois

DEPARTMENT

Academic Affairs

OR DIVISION

EMPLOYEE SIGNATURE

Lisa M. Saltiel

TOTAL HOURS

40-

REGULAR TIME

HR. MIN.

40 -

OVERTIME

HR. MIN.

CLIENT SIGNATURE

[Signature]

UP TO 40 HERE

OVER 40 HERE

Approval Includes verification of hours
worked and acceptance of terms and
conditions on reverse.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004158
Invoice Date: 11/25/17
PO Number: B0354663
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00461
Reviewer Name:
Voucher Number: V0490385
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

STIVERS

STAFFING

SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312-558-3550

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

RECEIVED

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

DEC 04 2017

HUMAN RESOURCES

AP VERIFIED

12/22/17 - BETHANY CRUSE

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
NOV 25 2017	8004158	NOV 25 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANITA BHALLA

AD

0104

8.00

15.200

121.60

REGISTRATION

APPROVED TO PAY

TOTAL 121.60

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

BPO # 354663



Cesar Flores

12/11/17

Date

Manager - Registration Services

EDS ... CALL STIVERS STAFFING SERVICES

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

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ORIGINAL INVOICE

Anita Bhalla-Das

6

11 25 17
MTH DAY YEAR

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

3 9 1 5

	START TIME	START DATE	START TIME	START DATE	START TIME	START DATE	START TIME	START DATE	TOTAL HOURS FOR DAY
MON	8:30	12:30	1:00	5:00	8:00				
TUE									
WED									
THURS									
FRI									
SAT									
SUN									

STIVERS

STAFFING SERVICES, INC.

TIME REPORT

8-

College of DuPage
425 Fawcett Blvd
Glen Ellyn, IL 60137
Enrollment Support Services

Anita Bhalla-Das

8 00

REGULAR TIME
8 00

OVERTIME
N/A

[Signature]

UP TO 40 HRS OVER 40 HRS

I hereby certify that the hours shown herein were worked by me during the week ending designated and were verified by an authorized representative of the Customer. I understand that I am to return this report after completing my assignment to discuss another assignment, and if I do not do so, I will assume that I am no longer available for work.

Signature of Customer Representative
Date
Address

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004116
Invoice Date: 11/18/17
PO Number: B0354663
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00461
Reviewer Name:
Voucher Number: V0490386
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

STIVERS

STAFFING SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312-558-3550

RECEIVED

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

NOV 27 2017

HUMAN RESOURCES

0008488

AP VERIFIED
12/22/17 - BETHANY CRUSE

COLLEGE OF DU PAGE

425 FANELL BLVD CHEN 2, IL

OLEN ELLYN IL

60137

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
NOV 18 2017	8004116	NOV 18 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANITA BHALLA

REGISTRATION

AD

0104

16.00

15.200

243.20

APPROVED TO PAY

TOTAL 243.20

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

BPO # 354663

Cesar Flores

Manager - Registration Services

12/11/17
Date

EDS CALL STIVERS STAFFING SERVICES !

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS. THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

THIS INVOICE DOES NOT NECESSARILY REPRESENT THE COMPLETION OF AN ASSIGNMENT SINCE IT IS OUR PRACTICE TO BILL THE HOURS WORKED EACH WEEK.

ORIGINAL INVOICE

EMPLOYEE NAME (PLEASE PRINT)

Anita Bhalla-Das

WEEK ENDING (EAT)

11 | 18 | 17
MO DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBERPAID A WEEK LATE
3 | 9 | 1 | 5

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
MON	8	30	12	30	1	00	5	00	8	00
TUE	8	30	12	30	1	00	5	00	8	00
WED										
THUR										
FRI										
SAT										
SUN										

TOTAL HOURS
16.00

TIME REPORT

STIVERS

STAFFING SERVICES, INC.

COMPANY NAME

College of DuPage

ADDRESS

425 Fawell Blvd

CITY STATE

Glen Ellyn, IL 60137

DEPARTMENT

Enrollment Support Center

16.00

Anita Bhalla-Das

I hereby certify that the hours shown herein were worked by me during the week ending designated and were certified by an authorized representative of the Customer. I understand that I am to contact the Stivers office after completing this assignment to discuss another assignment, and if I do not do so, Stivers may assume that I am no longer available for work.

REGULAR TIME
HRS MIN

16 0

UP TO 40 HOURS

OVERTIME
HRS MIN

OVER 40 HOURS

CLIENT SIGNATURE

Priscilla Lawrence

Approval and verification of hours worked and completion of terms and conditions of contract.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004154
Invoice Date: 11/25/17
PO Number: B0354663
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00461
Reviewer Name:
Voucher Number: V0490387
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

STIVERS

STAFFING SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312-558-3550

RECEIVED

DEC 04 2017

0000460

COLLEGE OF DUPAGE

425 FAIRVIEW BLVD RM 2134

AP VERIFIED

12/22/17 - BETHANY CRUSE

GLENN ELLIOTT

DEANNA DUVAL

TERMS: NET 30 HUMAN RESOURCES

DATE	INVOICE NUMBER	PERIOD ENDING DATE
NOV 25 2017	8004154	NOV 25 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANTHONY DEANY

AD

0104

16.00

15.200

243.20

REGISTRATION

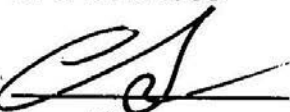
APPROVED TO PAY

TOTAL 243.20

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

BPO # 354663



Cesar Flores

Manager - Registration Services

12/11/17

Date

FOR YOUR STAFFING NEEDS ... CALL STIVERS STAFFING SERVICES

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

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ORIGINAL INVOICE

CHICAGO

(10)

IMPORTANT -

TYPE OR USE BALLPOINT PEN: READ INSTRUCTIONS
ON BACK OF LAST COPY. (1) SEND ORIGINAL REPORT
TO STIVERS BY FRIDAY OF EACH WEEK.
(2) GIVE CLIENT 2ND COPY, (3) KEEP 3RD COPY.

• SPECIAL NOTE •
TIME REPORTS THAT ARE
NOT RECEIVED AT STIVERS
BY THE FOLLOWING
MONDAY NOON WILL BE
PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

ANTHONY G DEANY

(15)

WEEK ENDING (SAT.)

11/25/17
MO. DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

1353

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.
MON.	8	30	12	30	1	00	5	00	8	00
TUES.	8	30	12	30	1	00	5	00	8	00
WED.										
THURS.										
FRI.										
SAT.										
SUN.										

STIVERS

STAFFING SERVICES, INC.

TIME REPORT

16-

COMPANY
NAME

COLLEGE of DuPage

ADDRESS

425 FAWELL BLVD

CITY/STATE

GLEN ELLEN, IL

DEPARTMENT
OR DIVISION

EMPLOYMENT SERVICES

EMPLOYEE SIGNATURE

Anthony G Deany

TOTAL HOURS

16.00

I hereby certify that the hours shown herein were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Stivers office after completing this assignment to discuss another assignment, and, if I do not do so, Stivers may assume that I am no longer available for work.

REGULAR TIME

HRS. MIN.

16 00

UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE

[Signature]

Approval includes verification of hours
worked and acceptance of terms and
conditions on reverse.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004190
Invoice Date: 12/02/17
PO Number: B0354663
Check Number: E0064764
Check Amount: \$ 2,428.80
Check Date: 01/03/2018
Department ID: 00461
Reviewer Name:
Voucher Number: V0490388
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

200 WEST MONROE STREET
SUITE 1300
CHICAGO, IL 60606-5015

STIVERS

STAFFING SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312/558-3550

0000460

12.20.17

COLLEGE OF DU PAGE
425 LAWRENCE BLVD. #134

AP-VERIFIED
12/22/17 **BETHANY CRUSE**

DEANNA DOVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 02 2017	8004190	DEC 02 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANTHONY DEANY

REGISTRATION

AD 0104 16.00 15.200 243.20

APPROVED TO PAY

RECEIVED

TOTAL 243.20

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

BPO # 354663

DEC 11 2017

HUMAN RESOURCES

Cesar Flores

Date

Manager - Registration Services

DS CALL STIVERS STAFFING SERVICES !

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

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ORIGINAL INVOICE

CHICAGO

IMPORTANT

TYPE OR USE BALLPOINT PEN. READ INSTRUCTIONS
ON BACK OF LAST COPY (1) SEND ORIGINAL REPORT
TO STIVERS BY FRIDAY OF EACH WEEK.
(2) GIVE CLIENT 2ND COPY, (3) KEEP 3RD COPY.

SPECIAL NOTE
TIME REPORTS THAT ARE
NOT RECEIVED AT STIVERS
BY THE FOLLOWING
MONDAY NOON WILL BE
PAID A WEEK LATE

EMPLOYEE NAME (PLEASE PRINT)

ANTHONY G DEANY

33

WEEK ENDING (SAT)

12 02 19
MO. DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

1 3 5 3

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.
MON	8	30	12	30	1	00	5	00	8	00
TUES.										
WED.										
THURS.										
FRI	8	30	12	30	1	00	5	00	8	00
SAT.										
SUN.										

STIVERS

STAFFING SERVICES, INC

TIME REPORT

16

COMPANY
NAME

COLLEGE of DuPage

ADDRESS

425 FAWELL BLVD

CITY/STATE

GLEN ELLYN IL

DEPARTMENT
OR DIVISION

ENROLLMENT SERVICES

EMPLOYEE SIGNATURE

TOTAL HOURS

16.00

I hereby certify that the hours shown herein were worked by me during
the week ending as designated, and were certified by an authorized
representative of the Customer. I understand that I am to contact the
Stivers office after completing this assignment to discuss another
assignment, and, if I do not do so, Stivers may assume that I am no
longer available for work.

REGULAR TIME

HRS. MIN.

16 00

OVERTIME

HRS. MIN.

CLIENT SIGNATURE



UP TO 40 HRS

OVER 40 HRS

Approval includes verification of hours
worked and acceptance of terms and
conditions on reverse.