

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004236
Invoice Date: 12/09/17
PO Number: B0354785
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00757
Reviewer Name:
Voucher Number: V0491147
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

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

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

AP VERIFIED

60137

DEANNA DUAL

01/11/18 - BETHANY CRUSE

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 09 2017	8004236	DEC 09 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LORI WILLIAMSON

AD

0104

38.00

18.000

684.00

A/P

TOTAL 684.00

OK To Pay
Coop R. Bob
12/19/17

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

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

STIVERS

STAFFING
SERVICES

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

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

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

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM. 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 09 2017	8004236	DEC 09 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LORI WILLIAMSON

A/P

AD-0104

38.00

18.000

684.00

TOTAL

684.00

*OK
To Pay
Cecilia R. [Signature]
12/19/17*

FOR YOUR STAFFING NEEDS...CALL STIVERS STAFFING SERVICES, L

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

DUPLICATE 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.

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

EMPLOYEE NAME (PLEASE PRINT)

Lori Williamson

⑤

WEEK ENDING (DAY)

12/14/17

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

4310

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
MON.	8	00	12	00	12	30	4	30	8	00
TUES.	8	00	12	00	12	30	4	30	8	00
WED.	8	00	12	00	12	30	4	00	7	30
THURS.	8	00	12	00	12	30	4	30	8	00
FRI.	8	00	12	00	12	30	3	00	6	30
SAT.										
SUN.										

STIVERS

TIME REPORT

38-

STAFFING SERVICES, INC.

COMPANY
NAME

College of DuPage

ADDRESS

425 Fawell Blvd

CITY/STATE

Glen Ellyn IL 60137

DEPARTMENT
OR DIVISION

A/P

EMPLOYEE SIGNATURE

Lori Williamson

TOTAL HOURS

38.00

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 no
longer available for work.

REGULAR TIME

HR. MIN.

OVERTIME

HR. MIN.

CLIENT SIGNATURE

E. J. [Signature]

UP TO 40 HERE

OVER 40 HERE

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

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004188
Invoice Date: 12/02/17
PO Number: PO355622
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00473
Reviewer Name:
Voucher Number: V0491152
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zelasco@cod.edu
Sent: Wed Jan 03 14:21:17 CST 2018
To: invoicing@cod.edu
CC:
Subject: Invoice for Stivers Staffing Services 8004188

Hi,

Please pay the attached invoice. The PO number has been written on the invoice.

Thanks,

Mary Zelasco

Career Services, Administrative Assistant

College of DuPage

Student Services Center (Room 3258)

425 Fawell Blvd.

Glen Ellyn, IL 60137

630-942-2231

Office Hours: Monday – Thursday 8 a.m. to 6 p.m.

STIVERS STAFFING SERVICES

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

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

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

Nov 27-Dec 1

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

60137

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 02 2017	8004188	DEC 02 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

BETH BUHMANN

CAREER SERVICES

AO

0104

40.00

17.950

718.00

RECEIVED

TOTAL 718.00

DEC 11 2017

HUMAN RESOURCES

AP VERIFIED

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES

01/11/18 MARIA ZERRUDO

MEMBER WE CONVERT OURS MINUTES TO DECIMALS. 15 MINUTES 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

CHICAGO

IMPORTANT

TYPE OR COPY BACKSIDE FOR MORE INFORMATION
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

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

EMPLOYEE NAME (PLEASE PRINT)
Beth Buermann

33

WEEK ENDING DATE
12/2/17
MO DAY YEAR

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS FOR DAY
HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN
MON.	8:00	1 -	1:30	4:30	8 -
TUES.	8:00	1 -	1:30	4:30	8 -
WED.	8:00	1 -	1:30	4:30	8 -
THURS.	8:00	1 -	1:30	4:30	8 -
FRI.	8:00	1 -	1:30	4:30	8 -
SAT.					
SUN.					

TOTAL HOURS
40

STIVERS

STAFFING SERVICES, INC.

TIME REPORT

40

COMPANY NAME College of Dupage
ADDRESS 425 Fawell
CITY/STATE Glen Ellyn IL
DEPARTMENT OR DIVISION Career Services

EMPLOYEE SIGNATURE
Beth Buermann

I hereby certify that the hours shown herein were worked by me during
the week ending designated. And were certified by an authorized
person. I understand that I am in contact with

REGULAR TIME
HRS MIN
OVERTIME
HRS MIN
UP TO 40 HERE OVER 40 HERE

CLIENT SIGNATURE
X Maria Zerrudo
Approval includes verification of hours
worked and accuracy of terms and

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004111
Invoice Date: 11/18/17
PO Number: P0355621
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00473
Reviewer Name:
Voucher Number: V0491154
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zelasco@cod.edu
Sent: Wed Jan 03 14:22:55 CST 2018
To: invoicing@cod.edu
CC:
Subject: Stivers Staffing Services Invoice 8004111

Hi,

Please pay Stivers Staffing Services invoice #8004111 attached. The PO is on the invoice.

Thank you,

Mary Zelasco

Career Services, Administrative Assistant

College of DuPage

Student Services Center (Room 3258)

425 Fawell Blvd.

Glen Ellyn, IL 60137

630-942-2231

Office Hours: Monday – Thursday 8 a.m. to 6 p.m.

STIVERS

STAFFING SERVICES

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

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

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

RECEIVED

NOV 27 2017

0000460

COLLEGE OF DUPAGE
425 FAWCETT BLVD RM 213A
GLEN ELLYN IL 60131
DEANNA DUVAL
AP VERIFIED
01/11/18 - MARIA ZERRUDO

TERMS: NET CASH

HUMAN RESOURCES

DATE	INVOICE NUMBER	PERIOD ENDING DATE
NOV 18 2017	8004111	NOV 18 2017

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

BETH BUHMANN	AD 0104	37.50	17.950	673.13
CAREER SERVICES				

TOTAL 673.13

OK. to pay
01-30-00473-53001
5309001
PO # 355621

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

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004322
Invoice Date: 12/23/17
PO Number: B0354785
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00757
Reviewer Name:
Voucher Number: V0491178
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

STIVERS

STAFFING SERVICES

REC'D

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: 312/559-3550

1 4 18

TERMS: NET CASH

0000460

AP VERIFIED
COLLEGE OF DUPAGE
01/11/18 BETHANY CRUSE

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 23 2017	8004322	DEC 23 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LORI WILLIAMSON

AP

AD

0104

14.50

18.000

261.00

OK
to Pay
SR 1/4/18

RECEIVED

TOTAL 261.00

JAN 03 2018

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
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

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)

Lori Williamson

(35)

WEEK ENDING (SAT.)

12-23-17
NOV DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS FOR PAY
MON	8:00	12:00	12:30	4:30	8:00
TUES	8:00	12:00	12:30	3:00	6:30
WED					
THURS					
FRI					
SAT					
SUN					

STIVERS

TIME REPORT
STAFFING SERVICES, INC.

17.50

COMPANY
NAME

College of Chicago

ADDRESS

CITY/STATE

DEPARTMENT
OR DIVISION

EMPLOYEE SIGNATURE

Lori Williamson

TOTAL HOURS

14:30

REGULAR TIME

HRS MIN.

OVERTIME

HRS MIN.

CLIENT SIGNATURE

Dan Iscofen

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 no
longer available for work.

UP TO 40 HRS HERE OVER 40 HRS HERE

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

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004283
Invoice Date: 12/16/17
PO Number: B0352667
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00393
Reviewer Name:
Voucher Number: V0491188
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

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

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN, IL 60137
DEANNA DUVAL

AP VERIFIED
01/11/18 - BETHANY CRUSE

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 16 2017	8004283	DEC 16 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

AUDREY KNEZ

AD 0104

9.50

17.700

168.15

TEACHING & LEARNING CENTER

TOTAL 168.15

RECEIVED

JAN 03 2018

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
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

naperville@stivers.com

3. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

PAYROLL WILL BE
WEEK LATE

EMPLOYEE NAME (PLEASE PRINT)

Audrey Knez

WEEK ENDING (SAT.)

MO.

12

YEAR

16

Stivers
Use Only

17

TIME REP

STIVERS STAFFING SERVICES, INC 9.50

Company
Name/Dept

College of DuPage

Address

425 Fawell Blvd.

City/State

Glen Ellyn, IL 60137

START
TIMELUNCH
OUTLUNCH
INFINISH
TIMETOTAL
HOURS FOR
DAY

HRS

MIN

HRS

MIN

HRS

MIN

HRS

MIN

HRS

MIN

MON.

9

00

2

00

5

0

TUES.

WED.

12

00

4

30

4

30

THURS.

FRI.

SAT.

SUN.

EMPLOYEE SIGNATURE:

By email - Audrey Knez

TOTAL HOURS

9:30

REGULAR TIME

HRS

MIN

9

30

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.

UP TO 40 HOURS

OVER 40
HOURSApproval includes verification of hours worked
acceptance of terms and conditions.

TIME REPORT NOT

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004324
Invoice Date: 12/23/17
PO Number: B0352667
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00393
Reviewer Name:
Voucher Number: V0491189
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

JAN 03 2018

0000460

HUMAN RESOURCES

COLLEGE OF DU PAGE
425 FAWELL BLVD- RM 2134

01/11/18 - BETHANY CRUSE

GLEN ELLYN IL

68107

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 23 2017	8004324	DEC 23 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

AUDREY KNEZ

AD 0104

5.00

17.700

88.50

TEACHING & LEARNING CENTER

TOTAL

88.50

Bo# 352667
J. WATTS

000
0101

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 45 MINUTES IS BILLED AS 1.75 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

ILLINOIS

Email:

naperville@stivers.com

MONDAY OF EACH FOLLOWING WEEK. 2. GIVE COPY OF
TIMECARD AND TERMS OF SERVICE TO SUPERVISOR.
3. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

RECEIVED THE FOLL
WEEK BY CLOSE
PAYROLL WILL BE 1
WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Audrey Knez

WEEK ENDING (SAT.)

MO.

12

YEAR

23

17

Stivers
Use Only

TIME REP

STIVERS STAFFING SERVICES, INC 5

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9	00					2	00	5	0
TUES.										
WED.										
THURS.										
FRI.										
SAT.										
SUN.										

Company
Name/Dept

College of DuPage

Address

425 Fawell Blvd.

City/State

Glen Ellyn, IL 60137

EMPLOYEE SIGNATURE:

TOTAL HOURS

By email - Audrey Knez

5

REGULAR TIME

HRS

MIN

5

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 if I have any questions or concerns.

UP TO 40 HERE

OVER 40
HERE

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

SPECIAL NOTE

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004323
Invoice Date: 12/23/17
PO Number: B0354312
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00789
Reviewer Name: Barbara Groves
Voucher Number: V0491190
Redaction Type: None
Document Type: AP Invoice

Document Below

From: grovesb16@cod.edu
Sent: Sun Jan 07 13:56:26 CST 2018
To: invoicing@cod.edu
CC:
Subject: Stivers 12/23/17

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) -----Original Message----- From: grovesb16@cod.edu [mailto:grovesb16@cod.edu] Sent: Friday, January 5, 2018 1:02 PM To: Groves, Barbara Subject: Scanned from a Xerox Multifunction Printer Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: machine location not set Device Name: Printer-218

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

STIVERS

STAFFING SERVICES

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

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

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

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

60137

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 23 2017	8004323	DEC 23 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LISA SALTIEL

ACADEMIC AFFAIRS

AD

0104

34.50

17.950

619.28

TOTAL 619.28

RECEIVED

JAN 03 2018

HUMAN RESOURCES

FOR YOUR STAFFING NEEDS... CALL STIVERS STAFFING SERVICES!

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

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

ORIGINAL INVOICE

Dec. 26. 2017 11:47 AM

15302450497

P 6/22

CHICAGO

IMP... BACK OF LAST COPY. (1) SEND ORIGINAL REPORT TO STIVERS BY FIRST OF EACH WEEK. (2) GIVE CLIENT 2ND COPY. (3) KEEP 3RD COPY.

TIME REPORTS (HRS) ARE NOT RECEIVED AT STIVERS BY THE FOLLOWING MONDAY NOON WILL BE PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Lisa M. Saltiel

WEEK ENDING (SAT)

12/31/17

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER

7295

	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL HOURS
MON.	8:30	12:00	12:30	5:00	8.00
TUE.	8:30	12:00	12:30	5:00	8.00
WED.	8:30	12:00	12:30	5:00	8.00
THU.	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

34.50

COMPANY NAME

College of Dupage

ADDRESS

425 Fawell Blvd.

CITY/STATE

Glen Ellyn, Illinois

DEPARTMENT OR DIVISION

Academic Affairs

EMPLOYEE SIGNATURE

Lisa M. Saltiel

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

34.50

OVERTIME

CLIENT SIGNATURE

Deanna Duval

UP TO 40 HOURS OVER 40 HOURS

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: 8004282
Invoice Date: 12/16/17
PO Number: B0354312
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00789
Reviewer Name: Barbara Groves
Voucher Number: V0491191
Redaction Type: None
Document Type: AP Invoice

Document Below

From: grovesb16@cod.edu
Sent: Sun Jan 07 13:57:29 CST 2018
To: invoicing@cod.edu
CC:
Subject: Stivers 12/16/17

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) -----Original
Message----- From: grovesb16@cod.edu [mailto:grovesb16@cod.edu] Sent: Friday, January 5, 2018 1:01 PM
To: Groves, Barbara Subject: Scanned from a Xerox Multifunction Printer Please open the attached document.
It was scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page
Multifunction Printer Location: machine location not set Device Name: Printer-218

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

STIVERS
STAFFING
SERVICES

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

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 16 2017	8004282	DEC 16 2017

HUMAN RESOURCES

ORIGINAL INVOICE

CHICAGO

* 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) Lisahl. Eustice								WEEK ENDING (SAT.) 12/16/17 MO. DAY YEAR		LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER 7295		PAID A WEEK LATE.		
START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY		STIVERS STAFFING SERVICES, INC. TIME REPORT 40-				
HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.					
MON.	8	30	12	00	12	30	5	00	8	30				
TUES.	8	30	12	00	12	30	5	00	8	30				
WED.	8	30	12	00	12	30	5	00	8	30				
THURS.	8	30	12	00	12	30	5	00	8	30				
FRI.	8	30	12	00	12	30	5	00	8	30				
SAT.														
SUN.														

EMPLOYEE SIGNATURE <i>Lisa Marie Stewart</i>		HOURS 40	
---	--	-------------	--

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

REGULAR TIME HRS. MIN. 40 00		OVERTIME HRS. MIN. — —		CLIENT SIGNATURE: <i>[Signature]</i>	
------------------------------------	--	------------------------------	--	---	--

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: 8004281
Invoice Date: 12/16/17
PO Number: B0354785
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 00757
Reviewer Name:
Voucher Number: V0491194
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

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

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

AP VERIFIED
GLEN ELLYN IL

01/11/18 - BETHANY CRUSE

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 16 2017	8004281	DEC 16 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LORI WILLIAMSON

A/P

AD 0104 39.50 18.000 711.00

TOTAL 711.00

RECEIVED

JAN 03 2018

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

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

CHICAGO

IMPORTANT

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.

NOT RECEIVED AT STIVERS
BY THE FOLLOWING
MONDAY NOON WILL BE
PAID A WEEK LATE

EMPLOYEE NAME (PLEASE PRINT)

Lori Williamson

(33)

WEEK ENDING (SAT)

12/16/17
MO. DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

4310

	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS JOB DAY
8	8:00	12:00	12:30	4:30	8:00
9	8:00	12:00	12:30	4:30	8:00
10	8:00	12:00	12:30	4:30	8:00
11	8:00	12:00	12:30	4:30	8:00
12	8:00	12:00	12:30	4:00	7:30
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

STIVERS

STAFFING SERVICES, INC.

TIME REPORT

COMPANY

College of DuPage

ADDRESS

425 Fawell Blvd

CITY/STATE

Glen Ellyn IL 60137

DEPARTMENT

AP

OR DIVISION

EMPLOYEE SIGNATURE

Lori Williamson

TOTAL HOURS

39.50

REGULAR TIME

HRS. MIN.

OVERTIME

HRS. MIN.

CLIENT SIGNATURE

Eugen V. [Signature]

UP TO 40 HRS.

OVER 40 HRS.

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

39.50

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004278
Invoice Date: 12/16/17
PO Number: B0352932
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0491206
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

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

0000460

Bo# 352932

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 16 2017	8004278	DEC 16 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

W/E 12022017 AD
CONTINUING EDUCATION

0104

8.00

17.700

141.60

TOTAL

141.60

RECEIVED

JAN 03 2018

APPROVED

HUMAN RESOURCES

JAN 09 2018

AP VERIFIED

01/11/18 - MARIA ZERRUDO

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

1

of per Don Jackson

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004320
Invoice Date: 12/23/17
PO Number: B0352932
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0491207
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

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

0000460

BoH 352932

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 23 2017	8004320	DEC 23 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

AD 0104

30.00

17.700

531.00

CONTINUING EDUCATION

AP VERIFIED

01/11/18 - MARIA ZERRUDO

RECEIVED

TOTAL

531.00

JAN 03 2018

APPROVED

HUMAN RESOURCES

[Signature]

JAN 09 2018

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

ILLINOIS

FAX: 630-245-0491

Email:

naperville@stivers.com

FAX OR EMAIL SIGNED TIMECARD TO STIVERS BY NOON MONDAY OF EACH FOLLOWING WEEK. 2. GIVE COPY OF TIMECARD AND TERMS OF SERVICE TO SUPERVISOR. 3. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

TIME REPORTS NOT RECEIVED THE FOLLOWING WEEK BY CLOSE OF PAYROLL WILL BE PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Renae D. Askew

(2)

WEEK ENDING (SAT.)

MO.

DAY

YEAR

Stivers
Use Only

12

23

17

TIME REPORT

STIVERS

STAFFING SERVICES, INC

30 -

Company
Name/Dept

COD - Continuing Ed.

Address

427 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.	7	30	12	30	1	00	4	00	8	—
TUES.	7	30	12	30	1	00	4	00	8	—
WED.	7	30	12	30	1	00	4	00	8	—
THURS.	7	30	—	—	—	—	1	30	6	—
FRI.										
SAT.										
SUN.										

EMPLOYEE SIGNATURE:

TOTAL HOURS

By email -

Renae D. Askew

30 -

REGULAR TIME

HRS

MIN

OVERTIME

HRS

MIN

30

CLIENT SIGNATURE:

By email -

[Signature]

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 terminate my assignment.

UP TO 40 HERE

OVER 40
HERE

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

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004279
Invoice Date: 12/16/17
PO Number: B0352932
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0491208
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

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

0000460

Bo# 352932

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 16 2017	8004279	DEC 16 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

AD

0104

15.50

17.700

274.35

CONTINUING EDUCATION

AP VERIFIED
01/11/18 - MARIA ZERRUDO

TOTAL 274.35

RECEIVED

JAN 03 2018

APPROVED

HUMAN RESOURCES

JAN 09 2018

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

ILLINOIS

Email:
naperville@stivers.com

1. FOR EACH SIGNED TIMECARD TO STIVERS BY MONDAY OF EACH FOLLOWING WEEK. 2. GIVE COPY OF TIMECARD AND TERMS OF SERVICE TO SUPERVISOR. 3. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

RECEIVED THE FOLLOWING WEEK BY CLOSE OF PAYROLL WILL BE PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Renear D. Askew

WEEK ENDING (SAT.)

MO.

DAY

YEAR

Stivers
Use Only

12

16

17

TIME REPORT

STIVERS

STAFFING SERVICES, INC

15.50

Company
Name/Dept

COD - Continuing Education

Address

427 Fawell Blvd.

City/State

Glen Ellyn, IL 60137

START
TIMELUNCH
OUTLUNCH
INFINISH
TIMETOTAL
HOURS FOR
DAY

HRS MIN

HRS MIN

HRS MIN

HRS MIN

HRS MIN

MON. 7 30 — — — 1 00 5 30

TUES. — — — — — — —

WED. — — — — — — —

THURS. 7 30 12 30 1 00 6 00 10 00

FRI. — — — — — — —

SAT. — — — — — — —

SUN. — — — — — — —

EMPLOYEE SIGNATURE:

TOTAL HOURS

y email -

Renear D. Askew

15.30

REGULAR TIME

HRS

MIN

OVERTIME

HRS

MIN

15 30

— —

CLIENT SIGNATURE:

By email:

[Signature]

UP TO 40 HRS

OVER 40 HRS

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

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.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004234
Invoice Date: 12/09/17
PO Number: B0352932
Check Number: E0064987
Check Amount: \$ 6,119.01
Check Date: 01/17/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0491209
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

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

0000460

Bo# 352932

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
DEC 09 2017	8004234	DEC 09 2017

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

AD

Q104

30.00

17.700

531.00

CONTINUING EDUCATION

AP VERIFIED

01/11/18: MARIA ZERRUDO

RECEIVED

TOTAL 531.00

DEC 18 2017

HUMAN RESOURCES

APPROVED

[Signature]

JAN 09 2018

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

ILLINOIS

Email:
naperville@stivers.com

MONDAY OF EACH FOLLOWING WEEK. 2. GIVE COPY OF
TIMECARD AND TERMS OF SERVICE TO SUPERVISOR.
3. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

RECEIVED THE FOLLOWING
WEEK BY CLOSE OF
PAYROLL WILL BE PAID
WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Renear D. Askew

33

WEEK ENDING (SAT.)

MO. DAY YEAR

12 09 17

Stivers
Use Only

TIME REPORT

STIVERS STAFFING SERVICES, INC 30 -

Company
Name/Dept

COD - Continuing Education

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.

7 30

12 30

1 00

4 00

8 -

TUES.

7 30

12 30

1 00

4 00

8 -

WED.

7 30

12 30

1 00

4 00

8 -

THURS.

7 30

-

-

1 30

6 -

FRI.

SAT.

SUN.

TOTAL HOURS

30 -

REGULAR TIME

HRS MIN

30 -

OVERTIME

HRS MIN

- -

CLIENT SIGNATURE:

By email

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

EMPLOYEE SIGNATURE:

By email -

Renear D. Askew

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

UP TO 40 HOURS

OVER 40
HOURS