

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004778
Invoice Date: 03/17/18
PO Number: B0352932
Check Number: E0066470
Check Amount: \$ 1,950.56
Check Date: 04/11/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0507989
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: 312.398.3650

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

RECEIVED

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

MAR 26 2018

04/05/18 - ROBERT MAREK

HUMAN RESOURCES

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD--RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 17 2018	8004778	MAR 17 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

CINA CONCIALDI

AD

0104

22.50

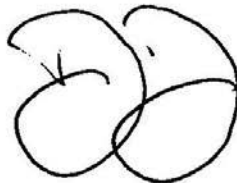
17.950

403.88

HSTI

Bo # 352932

APPROVED



APR 04 2018

TOTAL 403.88

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

Gina L. Concaldi

(17) 3 17 18

8012

8:30

1:00 4 5

8:30

1:00 4 5

8:30

1:00 4 5

8:30

1:00 4 5

8:30

1:00 4 5

STIVERS

TIME REPORT

STARTING SERVICES

22.50

College of Du Page

425 Fawcett Blvd

Glen Ellyn, IL 60137

Homeland Security Training Inst.

Gina Concaldi

22.5

22.5

1000



Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004815
Invoice Date: 03/24/18
PO Number: B0352932
Check Number: E0066470
Check Amount: \$ 1,950.56
Check Date: 04/11/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0508084
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

AP VERIFIED
04/06/18 - ROBERT MAREK

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

TERMS: NET 30

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 24 2018	8004815	MAR 24 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

GINA CONCIALDI

HSTI

AO

0104

22.50

17.950

403.88

RECEIVED

APR 03 2018

HUMAN RESOURCES

Boh 352 937
APPROVED


TOTAL 403.88

APR 04 2018

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES !

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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)

Gina Conclaldi

5

WEEK ENDING DAY
3 24 18
MO DAY YEARLAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

8012

	START TIME		LUNCH		FINISH TIME		TOTAL HOURS FOR DAY
	HR	MIN	HR	MIN	HR	MIN	
MON	8	30			1	00	4.5
TUES	8	30			1	00	4.5
WED	8	30			1	00	4.5
THURS	8	30			1	00	4.5
FRI	8	30			1	00	4.5
SAT							
SUN							

TOTAL HOURS
22.5

STIVERS

TIME REPORT
STAFFING SERVICES, INC.

22.5

COMPANY NAME

College of Dupage

ADDRESS

425 Fawcett Blvd.

CITY/STATE

Glen Ellyn IL 60137

DEPARTMENT OR DIVISION

Homeland Security Training Institute

EMPLOYEE SIGNATURE

Gina Conclaldi

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

REG. MIN.

OVERTIME

OVR. MIN.

UP TO 40 HOURS

OVER 40 HOURS

CLIENT SIGNATURE

Robert B. H.

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: 8004817
Invoice Date: 03/24/18
PO Number: B0352932
Check Number: E0066470
Check Amount: \$ 1,950.56
Check Date: 04/11/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0508085
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

GLEN ELLYN IL

DEANNA DUVAL

60137

AP VERIFIED
04/06/18 - ROBERT MAREK

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 24 2018	8004817	MAR 24 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

SUSANNE MCINTOSH

CONTINUING ED

AD 0104

40.00

17.950 718.00

RECEIVED

APR 03 2018

HUMAN RESOURCES

Bo# 352932

APPROVED

APR 04 2018

TOTAL 718.00

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

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)

Susanne McIntosh

10

WEEK ENDING (SAT)

3/24/18

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

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

STIVERS

TIME REPORT

STAFFING SERVICES, INC

COMPANY
NAME

College of DuPage

ADDRESS

425 J Fowell Blvd

CITY/STATE

GLEN ELLEN, IL

DEPARTMENT
OR DIVISION

CONTINUING EDUCATION

40.0

EMPLOYEE SIGNATURE

Susanne McIntosh

TOTAL HOURS

40

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

REGULAR TIME

HRD. MIN.

40 0

OVERTIME

HRD. MIN.

UP TO 40 HERE

OVER 40 HERE

CLIENT SIGNATURE:

D. Shaw

Approval includes verification of hours
worked and acceptance of terms and

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004816
Invoice Date: 03/24/18
PO Number: B0352932
Check Number: E0066470
Check Amount: \$ 1,950.56
Check Date: 04/11/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0508098
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: 312-668-3550

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

AP VERIFIED
04/06/18 - ROBERT MAREK

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 24 2018	8004816	MAR 24 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

CONTINUING ED

AD 0104

24.00

17.700

424.80

RECEIVED

APR 03 2018

HUMAN RESOURCES

Bo# 352932

APPROVED

APR 04 2018

TOTAL 424.80

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES !

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ORIGINAL INVOICE

ILLINOIS

naperville@stivers.com

5. KEEP COPY OF TIMECARD FOR YOUR RECORDS.

PAYROLL WILL BE PAID A
WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

WEEK ENDING (SAT.)

Stivers
Use Only

22

MO. DAY YEAR
03 24 18

- - - - -

TIME REPORT

STIVERS STAFFING SERVICES, INC

24.00

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.										
FRI.										
SAT.										
SUN.										

EMPLOYER SIGNATURE:

TOTAL HOURS

By email -

Renae D. Askew

24

REGULAR TIME

HRS MIN

24

OVERTIME

HRS MIN

CLIENT SIGNATURE:

By email -

UP TO 40 HOURS

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

Ashley McRae

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.