

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004478
Invoice Date: 01/20/18
PO Number: B0356468
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 00463
Reviewer Name: Beth Buhmann
Voucher Number: V0509223
Redaction Type: None
Document Type: AP Invoice

Document Below

APPROVED
04/20/18 JOSE ALFEREZ

**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
JAN 20 2018	8004478	JAN 20 2018

EMPLOYEE	CODE	HOURS	RATE	TOTAL
ALIVIA PAYTON	AD 0104	37.50	17.950	673.13
VETERAN'S SERVICES OFFICE				

TOTAL 673.13

RECEIVED

JAN 29 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

EMPLOYEE NAME (PLEASE PRINT) Alivia Payton		WEEK ENDING (SAT) 1/20/18		LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER																																																																																																		
<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">START TIME</th> <th colspan="2">LUNCH OUT</th> <th colspan="2">LUNCH IN</th> <th colspan="2">FINISH TIME</th> <th colspan="2">TOTAL HOURS FOR DAY</th> </tr> <tr> <th>HRS</th> <th>MIN</th> <th>HRS</th> <th>MIN</th> <th>HRS</th> <th>MIN</th> <th>HRS</th> <th>MIN</th> <th>HRS</th> <th>MIN</th> </tr> </thead> <tbody> <tr> <td>MON.</td> <td>8</td> <td>30</td> <td>1</td> <td>-</td> <td>2</td> <td>-</td> <td>5</td> <td>-</td> <td>4</td> <td>-</td> </tr> <tr> <td>TUES.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WED.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>THURS.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FRI.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SAT.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUN.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			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	1	-	2	-	5	-	4	-	TUES.											WED.											THURS.											FRI.											SAT.											SUN.											STIVERS STAFFING SERVICES, INC. COMPANY NAME: COL D ADDRESS: 425 Fawell Blvd CITY/STATE: Glenn, IL 60137 DEPARTMENT OR DIVISION: Veteran's Services		CLIENT COPY
	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY																																																																																													
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EMPLOYEE SIGNATURE: <i>[Signature]</i> 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 may assume that I am no		REGULAR TIME: 40 OVERTIME: 0 CLIENT SIGNATURE: <i>[Signature]</i> Approval includes verification of hours worked and acceptance of terms and conditions on reverse																																																																																																				

From: alferezj@cod.edu
Sent: Thu Apr 12 08:04:21 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Stivers

Can you please pay these invoices from BO #356468.

Thank you.

Jose Alferez
Manager, Veterans Services
College of DuPage

425 Fawell Blvd. | SSC 2225G | Glen Ellyn, IL 60137-6599 | USA
phone 630.942.2444 | fax 630.942.4991 | alferezj@cod.edu

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004521
Invoice Date: 01/27/18
PO Number: B0356468
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 00463
Reviewer Name: Beth Buhmann
Voucher Number: V0509224
Redaction Type: None
Document Type: AP Invoice

Document Below

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

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

APPROVED
STAFFING
04/20/18 - JOSE ALFIEREZ

0000460

COLLEGE OF DUPAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
JAN 27 2018	8004521	JAN 27 2018

EMPLOYEE	CODE	HOURS	RATE	TOTAL
ALIVIA PAYTON	AD 0104	37.50	17.950	673.13
VETERAN'S SERVICES OFFICE				
TOTAL				673.13

RECEIVED

FEB 05 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

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ORIGINAL INVOICE

EMPLOYEE NAME (PLEASE PRINT) ALIVIA PAYTON		WEEK ENDING (SAT) 1/27/18		LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER [] [] [] []																																																						
<table border="1"> <thead> <tr> <th></th> <th>START TIME</th> <th>LUNCH OUT</th> <th>LUNCH IN</th> <th>FINISH TIME</th> <th>TOTAL HOURS FOR DAY</th> </tr> <tr> <th></th> <th>HRS MIN</th> <th>HRS MIN</th> <th>HRS MIN</th> <th>HRS MIN</th> <th>HRS MIN</th> </tr> </thead> <tbody> <tr> <td>MON.</td> <td>8:30</td> <td>1:00</td> <td>2:00</td> <td>5:00</td> <td>8:00</td> </tr> <tr> <td>TUES.</td> <td>8:30</td> <td>1:00</td> <td>2:00</td> <td>5:00</td> <td>8:00</td> </tr> <tr> <td>WED.</td> <td>8:30</td> <td>1:00</td> <td>2:00</td> <td>5:00</td> <td>8:00</td> </tr> <tr> <td>THURS.</td> <td>8:30</td> <td>1:00</td> <td>2:00</td> <td>5:00</td> <td>8:00</td> </tr> <tr> <td>FRI.</td> <td>8:30</td> <td>1:00</td> <td>2:00</td> <td>5:00</td> <td>8:00</td> </tr> <tr> <td>SAT.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUN.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			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	1:00	2:00	5:00	8:00	TUES.	8:30	1:00	2:00	5:00	8:00	WED.	8:30	1:00	2:00	5:00	8:00	THURS.	8:30	1:00	2:00	5:00	8:00	FRI.	8:30	1:00	2:00	5:00	8:00	SAT.						SUN.						STIVERS STAFFING SERVICES, INC. COMPANY NAME: College of DuPage ADDRESS: 425 Fawell Boulevard CITY/STATE: Glen Ellyn, Illinois DEPARTMENT OR DIVISION: Veteran Services		CLIENT COPY
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		OVERTIME HRS. MIN. OVER 40 HERE		CLIENT SIGNATURE: 																																																						

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

From: alferezj@cod.edu
Sent: Thu Apr 12 08:04:21 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Stivers

Can you please pay these invoices from BO #356468.

Thank you.

Jose Alferez
Manager, Veterans Services
College of DuPage

425 Fawell Blvd. | SSC 2225G | Glen Ellyn, IL 60137-6599 | USA
phone 630.942.2444 | fax 630.942.4991 | alferezj@cod.edu

From: marekr@cod.edu
Sent: Fri Apr 13 14:21:07 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Attached Document

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004852
Invoice Date: 03/31/18
PO Number: B0355721
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 00374
Reviewer Name: Kelly Hannapel
Voucher Number: V0509225
Redaction Type: None
Document Type: AP Invoice

Document Below

Bo #355721- ok - S. Holmwood

PLEASE RETURN
DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

STIVERS

STAFFING
SERVICES

200 West Monroe Street
Chicago, Illinois 60606-5015
Phone: 312.468.3550

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

APPROVED

04/18/18 - ANDREA LIEDTKE

COLLEGE OF DUPAGE
425 FAUVEL BLVD- RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 31 2018	8004852	MAR 31 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

BA SALTIEL

AO

0104

40.00

17.950

718.00

ACADEMIC AFFAIRS

TOTAL 718.00

RECEIVED

INVOICE REVIEWED

APR 10 2018

OKAY TO PAY

HUMAN RESOURCES

KELLY HANNAPPEL 04/13/18

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)

Lisa M. Saltiel

WEEK ENDING (SAT)
3/31/18
MO. DAY YEAR

LAST 4 DIGITS OF YOUR
SOCIAL SECURITY
NUMBER

7295

START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL HOURS FOR DAY
HRS MIN	HRS MIN	HRS MIN	HRS MIN	HRS MIN
8 00	12 00	12 30	4 30	8 00
8 00	12 00	12 30	4 30	8 00
8 00	12 00	12 30	4 30	8 00
8 00	12 00	12 30	4 30	8 00
8 00	12 00	12 30	4 30	8 00

STIVERS

TIME REPORT
STAFFING SERVICES, INC

COMPANY
NAME

College of Dupage

ADDRESS

425 Fauvel Blvd.

CITY/STATE

Glen Ellyn Illinois

DEPARTMENT
OR DIVISION

Academic Outreach

EMPLOYEE SIGNATURE

Lisa M. Saltiel

TOTAL HOURS

40

REGULAR TIME

HRS. MIN.

40

OVERTIME

HRS. MIN.

CLIENT SIGNATURE:

Andrea E. Liedtke

UP TO 40 HERE

OVER 40 HERE

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

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.

From: holmwoode@cod.edu
Sent: Thu Apr 12 09:07:17 CDT 2018
To: invoicing@cod.edu
CC:
Subject: DC - Stivers Inv #8004852

Hello, Please process the attached Stivers invoice, # 8004852, for payment against BO #355721. If there are any questions, please do not hesitate to contact me. Thank you, Elizabeth Holmwood Academic Outreach Programs | Administrative Assistant College of DuPage BIC 3B11, 425 Fawell Blvd., Glen Ellyn, IL 60137 630-942-4811 | holmwoode@cod.edu

[attachment: DC - Stivers Inv _8004852.pdf]

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004780
Invoice Date: 03/17/18
PO Number: B0352932
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0509705
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: 312/553-2550

RECEIVED

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

MAR 26 2018

0000460

AP VERIFIED

HUMAN RESOURCES

COLLEGE OF DU PAGE
425 FAWELL BLVD-RM 2134

04/19/18 - ROBERT MAREK

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 17 2018	8004780	MAR 17 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

SUSANNE MCINTOSH

AD 0104

40.00

17.950 718.00

CONTINUING ED

Bo# 352932

TOTAL 718.00

APPROVED

01014

APR 18 2018

FOR YOUR STAFFING NEEDS CALL STIVERS STAFFING SERVICES !

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ORIGINAL INVOICE

CHICAGO

TYPE OR USE BALLPOINT PEN; READ INSTRUCTIONS
ON BACK OF LAST COPY. (1) SEND ORIGINAL REPORT
IMPORTANT - 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

5

WEEK ENDING (SAT.)

31/01/18
MO. DAY YEARLAST 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
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

4255 Pawell Blvd.

CITY/STATE

Glen Ellyn, IL

DEPARTMENT
OR DIVISION

Continuing Education

40-

EMPLOYEE SIGNATURE

Susanne McIntosh

TOTAL HOURS

40

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.

40 0

UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE:

Ashley McLaughlin

worked and
conditions on file.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004779
Invoice Date: 03/17/18
PO Number: B0352932
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0509711
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
MAR 26 2018

0000460

AP VERIFIED

HUMAN RESOURCES

COLLEGE OF DU PAGE
425 FAWELL BLVD- RM 2134

04/19/18 - ROBERT MAREK

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 17 2018	8004779	MAR 17 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

AD

0104

24.00

17.700

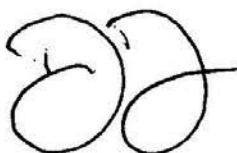
424.80

CONTINUING ED

Box 352932

TOTAL 424.80

APPROVED



APR 18 2018

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ORIGINAL INVOICE

naperville@stivers.com

EMPLOYEE NAME (PLEASE PRINT)

Renae D. Askew

35

WEEK ENDING (SAT.)

MO.

DAY

YEAR

03 17 18

Stivers
Use Only

TIME REPORT

STIVERS STAFFING SERVICES, INC.

24.00

Company
Name/Dept

OOD - Continuing Education

Address

425 Fawell Blvd.

City/State

Glen Ellyn, IL 60137

ON.

UES.

ED.

HURS.

RI.

AT.

UN.

START
TIMELUNCH
OUTLUNCH
INFINISH
TIMETOTAL
HOURS FOR
DAY

HRS

MIN

HRS

MIN

HRS

MIN

HRS

MIN

HRS

MIN

TOTAL HOURS

EMPLOYEE SIGNATURE:

by email -

Renae E. Askew

24

REGULAR TIME

HRS

MIN

OVERTIME

HRS

MIN

24

UP TO 40 HERE

OVER 40
HERE

CLIENT SIGNATURE:

By email -

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

Sherry H. H. H.

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: 8004849
Invoice Date: 03/31/18
PO Number: B0352932
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0509712
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

04/19/18 - ROBERT MAREK

COLLEGE OF DUAGE
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 31 2018	8004849	MAR 31 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

RENEAR ASKEW

CONTINUING ED

AD

0104

24.00

17.700

424.80

Bot 352932

TOTAL

424.80

RECEIVED

APPROVED

APR 10 2018

APR 18 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

ILLINOIS

Email:

naperville@stivers.com

FOR EACH WEEK, 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 Askew

30

WEEK ENDING (SAT.)

MO.

DAY

YEAR

03

31

18

Stivers
Use Only

-

-

-

-

-

START
TIMELUNCH
OUTLUNCH
INFINISH
TIMETOTAL
HOURS FOR
DAY

TIME REPORT

STIVERS STAFFING SERVICES, INC

24.01

MON.

7:30

12:30

1:00

4:00

8 -

Company
Name/Dept

COD - Continuing Education

TUES.

7:30

12:30

1:00

4:00

8 -

Address

425 Fawell Blvd.

WED.

7:30

12:30

1:00

4:00

8 -

City/State

Glen Ellyn, IL 60137

THURS.

FRI.

SAT.

SUN.

EMPLOYEE SIGNATURE

TOTAL HOURS

By email -

Renear S. Askew

24 -

REGULAR TIME

OVERTIME

HRS

MIN

HRS

MIN

CLIENT SIGNATURE:

By email

24

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 HOURS

OVER 40
HOURS

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: 8004850
Invoice Date: 03/31/18
PO Number: B0352932
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0509713
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

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

0000460

AP VERIFIED

04/19/18 - ROBERT MAREK

COLLEGE OF DURAGE
425 FAWELL BLVD RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
MAR 31 2018	8004850	MAR 31 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

SUSANNE MCINTOSH

AD

0104

40.00

17.950

718.00

CONTINUING ED

Box 352932

TOTAL

718.00

APPROVED

RECEIVED

APR 10 2018

APR 18 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)

SUSANNE McIntosh

(25)

WEEK ENDING (SAT.)

3/31/8

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
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 Fawell Blvd

CITY/STATE

GLEN ELLYN, IL

DEPARTMENT
OR DIVISION

CONTINUING EDUCATION

40.00

EMPLOYEE SIGNATURE

Susanne McIntosh

TOTAL HOURS

40

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the week ending designated, and were verified 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

HRS. MIN.

40 0

OVERTIME

HRS. MIN.

CLIENT SIGNATURE:

John M. [Signature]

UP TO 40 HOURS

OVER 40 HOURS

Approval includes verification of hours

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089608
Vendor Name: Stivers Staffing Services
Invoice Number: 8004848
Invoice Date: 03/31/18
PO Number: B0352932
Check Number: E0066710
Check Amount: \$ 4,825.54
Check Date: 04/25/2018
Department ID: 14625
Reviewer Name:
Voucher Number: V0509714
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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DUPLICATE INVOICE WITH
YOUR REMITTANCE TO

STIVERS

STAFFING SERVICES

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

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

0000460

AP VERIFIED

04/19/18 - ROBERT MAREK

COLLEGE OF DISTANCE
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE

INVOICE
NUMBER

PERIOD ENDING
DATE

MAR 31 2018 8004848 MAR 31 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

GINA CONCIALDI

HSTI

AD

0104

26.50


17.950

475.68

TOTAL 475.68

Bo# 352932

APPROVED



APR 18 2018

RECEIVED

APR 10 2018

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ORIGINAL INVOICE

