

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1336771

Vendor Name: Computer Gear

Invoice Number: PO359374

Invoice Date: 07/19/18

PO Number: P0359374

Check Number: 0237897

Check Amount: \$ 250.95

Check Date: 08/15/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0522029

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: lasorsak@cod.edu
Sent: Mon Jul 30 09:12:21 CDT 2018
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: IBHE FY18 Chicago Computers

Good Morning,

Please see attached.

Krystina LaSorsa
Assistant Manager-Career Services
College of DuPage
630-942-2230
She/Her/Hers

College of DuPage and the
Illinois Board of Higher Education
Cooperative Work Study Project
January 1-August 31, 2018

Reimbursement Form

1. Please complete the information below. Use a separate sheet for each student.
2. Provide a copy of the student's monthly payroll record for wages and confirmation of hourly rate
3. Printed copy of student's hours
4. Attach a copy of your W-9 so we can process your reimbursement payment. (Only needed for first reporting cycle)

Company Name: Chicago Computers
Contact Name and Title at Company: Julie Lalowski
Contact Name Signature: Julie Lalowski
Contact Phone Number: 630-355-3400
Contact email: pc@chicago-computers.com

AP VERIFIED**07/30/18 - MARIA ZERRUDO**

Name of Student Intern: Jessica Matayoshi
Signature of Student Intern: Jessica
Description of work performed: Installing Windows, Running Scans, Diagnostics

Service activities offered to student:

(Please note this refers to any volunteer opportunities available to the student through your company)

Did Student obtain permanent employment in Illinois? ☐ Yes ☒ No

If yes, please provide date of employment and name of employer.

Period of Performance	Hours worked:	Hourly Rate:	Total Wages/Monthly
2/1/2018-2/28/2018			50.00
3/1/2018-3/31/2018			
4/1/2018-4/30/2018			
5/1/2018-5/31/2018			
6/1/2018-6/30/2018	23.84	24.40	59.00
7/1/2018-7/31/2018			5214.56
8/1/2018-8/31/2018			
TOTAL	23.84		59.00

$219.60 \div 2 = 109.80$
2% benefits 2.20

112.00

Reimbursement will be made upon receipt of this form. Direct any questions about reimbursement to Krystina LaSorsa
630-942-2230, lasorsak@cod.edu

Please Email this form and attachments to:

College of DuPage
Career Services - IBHE
lasorsak@cod.edu
425 Fawell Blvd
Glen Ellyn, IL 60137

Thank you again for participating in this valuable experience for the students.

06-10-04702-5309001

Jualy Zek

7-18-18

[Signature]
7/19/18

425 Fawell Blvd.
Glen Ellyn, Illinois 60137-6599
www.cod.edu

630-942-3555
FAX: 630-790-4924

To: College of DuPage Purchasing Department

From: Earl E. Dowling, Vice President, Student Affairs

Date: March 23, 2018

Re: IBHE FY18 Work Study Grant Reimbursement Process

I write this letter to outline the reimbursement process that will occur for the IBHE FY18 Work Study grant that the College received for the 2018 academic year. This grant is administered by the Career Services Center staff and Krystina LaSorsa, Assistant Manager of career services serves as the grant project manager.

The IBHE grant supports local employers who hire interns from the College of DuPage by reimbursing them for half the wages they pay a student for the experience. For this process to happen smoothly, the following will take place:

1. All invoices from participating employers will be submitted after the internship is complete, thus we will issue a reimbursement for half the wages they have already paid. This will appear as an "after the fact" purchase in our accounting.
2. Invoices will be submitted to purchasing any time from the date of this letter through August 31, 2018. Due note the reimbursements may be for internships taking place anytime during the grant cycle (January 1, 2018- August 31, 2018).
3. The invoices shall be paid through the IBHE FY18 grant account – 06-10-04702

Thank you for your assistance with this process.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1336771

Vendor Name: Computer Gear

Invoice Number: PO359443

Invoice Date: 07/19/18

PO Number: P0359443

Check Number: 0237897

Check Amount: \$ 250.95

Check Date: 08/15/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0522288

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: lasorsak@cod.edu
Sent: Tue Jul 31 15:32:47 CDT 2018
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: RE: IBHE FY18 Chicago Computers/Cantigy Park

I apologize, the ones attached have the PO.

From: LaSorsa, Krystina
Sent: Tuesday, July 31, 2018 3:25 PM
To: Invoicing <invoicing@cod.edu>
Cc: Zeh, Judy <zehjudy@cod.edu>
Subject: IBHE FY18 Chicago Computers/Cantigy Park

Hello,

Please see attached.

Thank you,

Krystina LaSorsa
Assistant Manager-Career Services
College of DuPage
630-942-2230
She/Her/Hers

PO: 359443

College of DuPage and the
Illinois Board of Higher Education
Cooperative Work Study Project
January 1-August 31, 2018

Reimbursement Form

1. Please complete the information below. Use a separate sheet for each student.
2. Provide a copy of the student's monthly payroll record for wages and confirmation of hourly rate
3. Printed copy of students hours
4. Attach a copy of your W-9 so we can process your reimbursement payment. (Only needed for first reporting cycle)

Company Name: Chicago Computers
Contact Name and Title at Company: Julie Lalowski
Contact Name Signature: *Julie Lalowski*
Contact Phone Number: 630-355-3400
Contact email: jc@chicagocomputers.com

Name of Student Intern: Jessica Matayoshi
Signature of Student Intern: *Jessica*
Description of work performed: Installing Windows, Running Scans, Diagnostics

Service activities offered to student:

(Please note this refers to any volunteer opportunities available to the student through your company)

Did Student obtain permanent employment in Illinois? ☐ Yes ☐ No

If yes, please provide date of employment and name of employer.

Period of Performance	Hours worked:	Hourly Rate:	Total Wages/Monthly
2/1/2018-2/28/2018			\$0.00
3/1/2018-3/31/2018			
4/1/2018-4/30/2018			
5/1/2018-5/31/2018	30.27	\$9.00	\$272.43
6/1/2018-6/30/2018			
7/1/2018-7/31/2018			
8/1/2018-8/31/2018			
TOTAL	30.27	\$9.00	\$272.43

Reimbursement will be made upon receipt of this form. Direct any questions about reimbursement to Krystina LaSorsa
630-942-2230, lasorsak@cod.edu

Please Email this form and attachments to:

College of DuPage
Career Services - IBHE
lasorsak@cod.edu
425 Fawcett Blvd
Glen Ellyn, IL 60137

Thank you again for participating in this valuable experience for the students.

AP VERIFIED

08/01/18 - MARIA ZERRUDO

$\div 2 = 136.22$
 2.73

\$138.95

Justy Zek
7-19-18
06-10-04702-5309001
Atta Gustin
7/19/18