

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1336778

Vendor Name: Medinah Country Club

Invoice Number: P0359239

Invoice Date: 07/09/18

PO Number: P0359239

Check Number: 0238037

Check Amount: \$ 1,892.42

Check Date: 08/15/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0521388

Redaction Type: FERPA

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

Document Below

From: lasorsak@cod.edu
Sent: Thu Jul 19 16:15:09 CDT 2018
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: IBHE FY18

Hello,

Please see attached!

Thank you,

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

PO: 359239

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: Medinah Country Club
Contact Name and Title at Company: Tammy Napoli / HR Director
Contact Name Signature: *Tammy Napoli*
Contact Phone Number: 630-647-2083
Contact email: tnapoli@medinahcc.org

Name of Student Intern: [REDACTED]
Signature of Student Intern: [REDACTED]
Description of work performed: Training with the Pastry Chef

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	18.33		\$9.50
3/1/2018-3/31/2018	45.76		\$9.50
4/1/2018-4/30/2018	68.17		\$9.50
5/1/2018-5/31/2018	155.12	99.11	9.75
6/1/2018-6/30/2018	55.45	155.86	9.75
7/1/2018-7/31/2018	OT	18.80	14.63
8/1/2018-8/31/2018			

TOTAL

343.48
254.97

\$3,243.06

2,577.70 ÷ 2 = 1,288.85

2% Benefits 25.78

1,314.63

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.

AP VERIFIED
07/24/18 - BETHANY CRUSE

Judy Zeh
06-10-04702-5309001
7-9-18

[Signature]

Po: 359239

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)

AP VERIFIED
07/24/18 - BETHANY CRUSE

Company Name: Medinah Country Club
Contact Name and Title at Company: Tammy Napoli / HR Director
Contact Name Signature: [Signature]
Contact Phone Number: 630-647-6093
Contact email: tnapoli@medinahcc.org

Name of Student Intern: [Redacted]
Signature of Student Intern: [Signature]
Description of work performed: Training with Chef

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

2/1/2018-2/28/2018
3/1/2018-3/31/2018
4/1/2018-4/30/2018
5/1/2018-5/31/2018
6/1/2018-6/30/2018
7/1/2018-7/31/2018
8/1/2018-8/31/2018

Hours worked:

Hourly Rate:

Total Wages/Monthly

TOTAL

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.

74.74 23.79
51.11 102.09

\$9.00
\$9.00

\$1,132.92 918.81
\$459.99

125.88 125.88
4

\$0.00

\$1,132.92

$1,132.92 \div 2 = 566.46$

20% Benefits 11.33

Judy Zel
06-10-04702-5309001
7-9-18

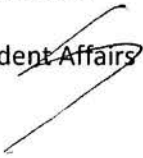
(577.79)

[Signature]

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.