

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1555257

Vendor Name: Designstorms

Invoice Number: PO359688

Invoice Date: 08/16/18

PO Number: P0359688

Check Number: E0068867

Check Amount: \$ 724.54

Check Date: 08/22/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0523342

Redaction Type: FERPA

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

Document Below

PO: 359688

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 paystub
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: DESIGNSTORMS 1555 257
Contact Name and Title at Company: AMY STORM / OWNER + LEAD DESIGNER // JOSH STORM / OWNER
Contact Name Signature: Amy A Storm Josh Storm
Contact Phone Number: 630.547.2527 / 630.547.2524
Contact email: amy@designstorms.com / josh@designstorms.com

Name of Student Intern: [REDACTED]
Signature of Student Intern: [REDACTED]
Description of work performed: MATERIAL SELECTIONS, AUTOCAD DETAIL DRAWINGS, FF&E PRICING
LIBRARY MANAGEMENT

Service activities offered to student: N/A
(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
<u>2/1/2018-2/28/2018</u>			<u>\$0.00</u>
<u>3/1/2018-3/31/2018</u>			
<u>4/1/2018-4/30/2018</u>			
<u>5/1/2018-5/31/2018</u>	<u>44.97</u>	<u>44.10</u> <u>\$8.25/HR</u>	<u>364.40</u>
<u>6/1/2018-6/30/2018</u>	<u>70.42</u>	<u>70.25</u> <u>\$15/HR</u>	<u>1056.25</u>
<u>7/1/2018-7/31/2018</u>			
<u>8/1/2018-8/31/2018</u>			
TOTAL	<u>0</u>		<u>\$0.00</u>

Reimbursement will be made upon receipt of this form. Direct any questions about reimbursement to Maria Zerrudo
630-941-2230, lasorsak@cod.edu

Please email this form and attachments to:

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

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

AP VERIFIED

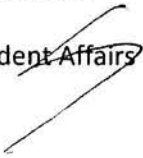
08/16/18 - MARIA ZERRUDO

\$0.00 1,420.65 ÷ 2 = 710.33
2% Benefits 14.21
\$724.54
[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.

From: lasorsak@cod.edu
Sent: Tue Aug 14 15:35:58 CDT 2018
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: IBHE18 Employers

Hi,

Please see attached.

Thanks!

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

From: marekr@cod.edu
Sent: Thu Aug 16 07:32:17 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Attached Document
