

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005458  
Invoice Date: 07/28/18  
PO Number: B0359439  
Check Number: E0068905  
Check Amount: \$ 2,774.64  
Check Date: 08/22/2018  
Department ID: 00789  
Reviewer Name: Barbara Groves  
Voucher Number: V0523007  
Redaction Type: None  
Document Type: AP Invoice

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

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
JUL 28 2018	8005458	JUL 28 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ELENA MCNAB

ADJUNCT FACILITY

AD

Q104

36.50

17.950

655.19

TOTAL

655.19

RECEIVED

AUG 06 2018

BO#  
359439

APPROVED  
08/21/18 - KIRK OVERSTREET

-----  
From: grovesb16@cod.edu  
Sent: Thu Aug 09 22:16:13 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Stivers #8005458  
-----

Barb Groves Administrative Assistant Vice President of Academic Affairs Office College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137 630-942-2005 (ph) | 630-942-3925 (fax) -----Original Message----- From: grovesb16@cod.edu Sent: Wednesday, August 8, 2018 2:18 PM To: Groves, Barbara Subject: Scanned from a Xerox Multifunction Printer Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: machine location not set Device Name: Printer-218

[attachment: Elena McNab inv 8005458.pdf]

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005459  
Invoice Date: 07/28/18  
PO Number: B0359342  
Check Number: E0068905  
Check Amount: \$ 2,774.64  
Check Date: 08/22/2018  
Department ID: 14625  
Reviewer Name:  
Voucher Number: V0523392  
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 DU PAGE  
425 FAWELL BLVD-RM 213

GLEN ELLYN

DEANNA DUVAL

AP VERIFIED

08/16/18 - ROBERT MAREK

60137

TERMS: CASH

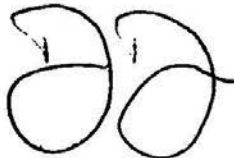
INVOICE NUMBER	PERIOD ENDING DATE
8005459	JUL 28 2018

Bo# 359342

CONTINUING ED

EMPLOYEE	CODE	HOURS	RATE	TOTAL
REBECCA SAMPSON	AD 0104	39.75	17.950	713.51
TOTAL				713.51

APPROVED



AUG 15 2018

RECEIVED

AUG 06 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 &gt;

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.

TIME REPORTS THAT ARE  
NOT RECEIVED AT STIVERS  
BY THE FOLLOWING  
MONDAY NOON WILL BE  
PAID A WEEK LATE.

EMPLOYEE NAME (PLEASE PRINT)

Rebecca Sampson

(29)

WEEK ENDING (SAT)

7/21/18  
MO. DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

7921

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	8	00	8	15	8	45	4	30	8	00
TUES.	8	10	12	00	12	30	4	30	8	00
WED.	8	05					4	30	8	45
THURS.	8	00	12	00	12	30	4	30	8	00
FRI.	8	00	11	50	12	00	4	30	7	50
SAT.										
SUN.										

STIVERS

TIME REPORT

STAFFING SERVICES, INC

COMPANY NAME

ADDRESS

CITY/STATE

DEPARTMENT OR DIVISION

College of DuPage

425 Falwell Dr.

Glen Ellyn IL 60137

Center for Continuing ED

39.75

EMPLOYED SIGNATURE

Rebecca Sampson

TOTAL HOURS

39.90

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.

REGULAR TIME

HRS. MIN.

39 90

UP TO 40 HERE

OVERTIME

HRS. MIN.

00

OVER 40 HERE

CLIENT SIGNATURE:

Johnny M. Jones

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: 8005498  
Invoice Date: 08/04/18  
PO Number: B0359342  
Check Number: E0068905  
Check Amount: \$ 2,774.64  
Check Date: 08/22/2018  
Department ID: 14625  
Reviewer Name:  
Voucher Number: V0523395  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN  
DUPLICATE INVOICE WITH  
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# 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

Bo# 359342

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005498	AUG 04 2018

**AP VERIFIED**

**08/16/18 - ROBERT MAREK**

EMPLOYEE

CODE

HOURS

RATE

TOTAL

REBECCA SAMPSON

AD

0104

39.25

18.200

714.35

CONTINUING ED

TOTAL 714.35

APPROVED

RECEIVED

AUG 13 2018

HUMAN RESOURCES

AUG 15 2018

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

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)

Rebecca Sampson

WEEK ENDING (SAT.)

8/4/18  
MO DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

7921

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.
MON.	8	00	12	00	12	30	5	00	8	5
TUES.	8	00					4	30	8	5
WED.	8	05	12	00	12	30	4	30	7	95
THURS.	8	10	12	30	1	00	4	30	7	20
FRI.	9	30					4	30	7	00
SAT.										
SUN.										

STIVERS

TIME REPORT

STAFFING SERVICES, INC.

39.25

COMPANY NAME

College of DuPage

ADDRESS

425 Falwell Dr.

CITY/STATE

Glen Ellyn IL 60137

DEPARTMENT  
OR DIVISION

Center for Continuing Ed

EMPLOYEE SIGNATURE

Rebecca Sampson

TOTAL HOURS

39.15

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.

REGULAR TIME

HRS. MIN.

39.15

UP TO 40 HERE

OVERTIME

HRS. MIN.

—

OVER 40 HERE

CLIENT SIGNATURE

Philip M. Page

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: 8005493  
Invoice Date: 08/04/18  
PO Number: B0359439  
Check Number: E0068905  
Check Amount: \$ 2,774.64  
Check Date: 08/22/2018  
Department ID: 00789  
Reviewer Name: Barbara Groves  
Voucher Number: V0523526  
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

# STIVERS

## STAFFING SERVICES

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

BO# 359439

TERMS: NET CASH

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005493	AUG 04 2018

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

60137

DEANNA DUVAL

EMPLOYEE	CODE	HOURS	RATE	TOTAL
ELENA MCNAB	AD 0104	38.00	18.200	691.60
ADJUNCT FACILITY				

RECEIVED TOTAL 691.60

AUG 13 2018

HUMAN RESOURCES

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ORIGINAL INVOICE

APPROVED  
08/21/18 - KIRK OVERSTREET

INVOICE REVIEWED  
OKAY TO PAY  
BARBARA GROVES 08/20/18

-----  
From: grovesb16@cod.edu  
Sent: Fri Aug 17 21:10:30 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Stivers Invoice #8005493  
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Barb Groves Administrative Assistant Vice President of Academic Affairs Office College of DuPage | 425 Fawell Blvd | BIC 3400 | Glen Ellyn, IL 60137 630-942-2005 (ph) | 630-942-3925 (fax) -----Original Message----- From: grovesb16@cod.edu Sent: Thursday, August 16, 2018 6:32 PM To: Groves, Barbara Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page Multifunction Printer Location: Academic Partnership Device Name: Printer-217

[attachment: Scanned from a Xerox Multifunction Printer.pdf]