

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1210092
Vendor Name: T& Z Nursery, Inc
Invoice Number: 5/1-5/31 MICHENER
Invoice Date: 08/20/18
PO Number: P0359766
Check Number: E0068907
Check Amount: \$ 1,329.95
Check Date: 08/22/2018
Department ID: 04702
Reviewer Name:
Voucher Number: V0523683
Redaction Type: FERPA
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PO: 359766

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

AP VERIFIED

Reimbursement Form

08/22/18 - ROBERT MAREK

1. Please complete the information on this form 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:

Contact Name and Title at Company:

Contact Name Signature:

Contact Phone Number:

Contact email:

The Planters Palette
MARIA DUORAK Retail Manager
Maria Duorak
630-293-1040 x2
mdurak@planterspalette.com

Name of Student Intern:

Signature of Student Intern:

Description of work performed:

Nursery Work Garden Center

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

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

65.75 + 61.25

127

9

\$0.00

1143

÷ 2 = 571.50

20% BEP 11,43

* 582.93

TOTAL

0

\$0.00

\$0.00

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 Farwell Blvd
Glen Ellyn, IL 60137

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

Justy Zik
7-31-18
06-10-04702-5309081
Stacy Krystina

1/5/19 5:02 PM

ARCT570000T

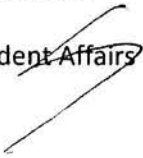
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THUR 02/04

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: marekr@cod.edu
Sent: Tue Aug 21 16:41:52 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Attached Document

From: lasorsak@cod.edu
Sent: Mon Aug 20 08:34:02 CDT 2018
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: t&z (Planet's Palette) IBHE Employers

AP NOTE: ACH

Good Morning,

Please see attached.

Thank you!

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

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1210092

Vendor Name: T& Z Nursery, Inc

Invoice Number: 5/1-5/31 TOTA

Invoice Date: 08/20/18

PO Number: P0359766

Check Number: E0068907

Check Amount: \$ 1,329.95

Check Date: 08/22/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0523684

Redaction Type: FERPA

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

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Cooperative Work Study Project
January 1-August 31, 2018

Reimbursement Form

AP VERIFIED**08/22/18 - ROBERT MAREK**

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Company Name:

Contact Name and Title at Company:

Contact Name Signature:

Contact Phone Number:

Contact email:

Name of Student Intern:

Signature of Student Intern:

Description of work performed:

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

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

TOTAL

0

\$0.00

\$0.00

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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.

The Planters Palette

MARIA DVOZAK

Retail Manager

Signature of Student Intern

630-293-1040-X2

mmarek@planterspalette.com

mmarek@planterspalette.com

mmarek@planterspalette.com

mmarek@planterspalette.com

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mmarek@planterspalette.com

$$\div 2 = 423.00$$

$$2\% \text{ BEP } 8.46$$

$$\text{\$ } 431.46$$

06-10-04702-530900

Judy Zeh

7-31-18

After Rutter

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

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FAX: 630-790-4924

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Invoice Date: 08/20/18

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Check Number: E0068907

Check Amount: \$ 1,329.95

Check Date: 08/22/2018

Department ID: 04702

Reviewer Name:

Voucher Number: V0523685

Redaction Type: FERPA

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

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Company Name:

The Planters Palette

Contact Name and Title at Company:

Marek Marek Plant Manager

Contact Name Signature:

Marek Marek

Contact Phone Number:

630 293-1040 x2

Contact email:

marek@planterspalette.com

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Signature of Student Intern:

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

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2/1/2018-2/28/20183/1/2018-3/31/20184/1/2018-4/30/20185/1/2018-5/31/20186/1/2018-6/30/20187/1/2018-7/31/20188/1/2018-8/31/2018

TOTAL

0

\$0.00

\$0.00

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630-942-2230, lasosak@cod.edu

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College of DuPage
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425 Fawell Blvd
Glen Ellyn, IL 60137

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

06-10-04702-5309001
Judy Zph
7-31-18

Att: Gen

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2% Ben 6.18

315.56

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