

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005499  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523749  
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 DUPAGE  
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005499	AUG 04 2018

**AP VERIFIED**

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

EMPLOYEE	CODE	HOURS	RATE	TOTAL
GINGER REILLY	AD 0104	32.00	15.450	494.40
REGISTRATION				

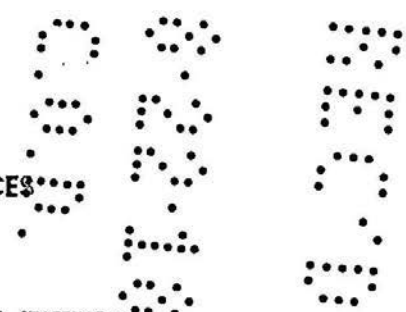
**APPROVED TO PAY**

RECEIVED

TOTAL 494.40

AUG 13 2018

HUMAN RESOURCES



IDS .... CALL STIVERS STAFFING SERVICES !

8/15/18

Date

Cesar Flores

Manager - Registration 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

EMPLOYEE NAME (PLEASE PRINT)

Ginger Reilly

#16

WEEK ENDING (SAT.)

MO.

4

18

Stivers  
Use Only

8

4

18

TIME REPORT

STIVERS STAFFING SERVICES, INC

32 ✓

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9		12	45	1	15	5	30	8	
TUES.	8	30	12	30	1	00	5	00	8	
WED.	8	30	12	30	1	00	5	00	8	
THURS.	8	30	12	30	1	00	5	00	8	
FRI										
SAT.										
SUN.										

Company  
Name/Dept

COD

Address

City/State

EMPLOYEE SIGNATURE:

TOTAL HOURS

32

REGULAR TIME

HRS

MIN

OVERTIME

HRS

MIN

32

UP TO 40 HERE

OVER 40  
HERE

CLIENT SIGNATURE:

Priscila Linares

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 not then available for work.

Approval includes verification of hours worked and acceptance of terms and conditions.

\_\_\_\_P\_\_\_\_\_

On per Sue Murphy

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005503  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523751  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN  
DUPLICATE INVOICE WITH  
YOUR REMITTANCE TO

# 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

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

**AP VERIFIED**

TERMS: NET CASH

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

60137

DATE

INVOICE  
NUMBER

PERIOD ENDING  
DATE

AUG 04 2018 8005503 AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

WERONIKA PACH

AD

0104

32.00

15.450

494.40

REGISTRATION

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

  
Cesar Flores

8/15/18  
Date

Manager - Registration Services

RECEIVED:

AUG 13 2018

HUMAN RESOURCES

TOTAL 494.40

\$ .... 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

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

NOT RECEIVED AT STIVERS  
BY THE FOLLOWING  
MONDAY NOON WILL BE  
PAID A WEEK LATE

EMPLOYEE NAME (PLEASE PRINT)

WERONIKA PACH

WEEK ENDING (SAT.)

8 | 4 | 2018

MO. DAY YEAR

LAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

3 | 6 | 7 | 1

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9	00	12	30	1	00	5	30	8	00
TUES.	10	30	2	30	3	00	7	00	8	00
WED.	10	30	2	30	3	00	7	00	8	00
THURS.	9	30	1	30	2	00	6	00	8	00
FRI.										
SAT.										
SUN.										

STIVERS

TIME REPORT

STAFFING SERVICES, INC.

32-

COMPANY NAME

COLLEGE OF DUPAGE

ADDRESS

425 FAWELL BLVD

CITY/STATE

GLENELLYN, IL

DEPARTMENT  
OR DIVISION

REGISTRATION SERVICES

EMPLOYEE SIGNATURE

Weronika Pach

TOTAL HOURS

32

I hereby certify that the hours shown herein 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.

32

UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE

J. Smith

Approval includes certification 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: 8005494  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523753  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN  
DUPLICATE INVOICE WITH  
YOUR REMITTANCE TO

# 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

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

**AP VERIFIED**

TERMS: NET CASH

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

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005494	AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

JOSEPH MONAGHAN

REGISTRATION

AD 0104 30.25 15.450 467.36

## APPROVED TO PAY

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

  
Cesar Flores

  
Date

Manager - Registration Services

RECEIVED

AUG 13 2018

HUMAN RESOURCES

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



EMPLOYEE NAME (PLEASE PRINT)

Joseph Monaghan

WEEK ENDING (SAT.)

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

PAID A WEEK LATE.

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	8	45	12	30	1	00	4	45	7	30
TUES.	9	45	12	30	1	00	5	00	6	45
WED.	8	30	12	30	1	00	5	00	8	00
THURS.	8	30	12	30	1	00	5	00	8	00
FRI.										
SAT.										
SUN.										

STIVERS

STAFFING SERVICES, INC

TIME REPORT

30.25

COMPANY  
NAME

College of Dupage

ADDRESS

425 Fawell Blvd

CITY/STATE

Glen Ellyn, Illinois

DEPARTMENT  
OR DIVISION

Enrollment

EMPLOYEE SIGNATURE



TOTAL HOURS

30.15

REGULAR TIME

HRS. MIN.

30 15

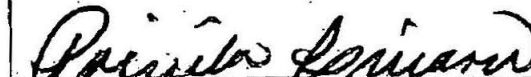
UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE:

Approval includes verification of hours  
worked and acceptance of terms and  
conditions on reverse. 4

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.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005500  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523754  
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 DUPAGE  
425 FAWELL BLVD - RM 2154

GLEN ELLYN IL

DEANNA DUVAL

**AP VERIFIED**

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

TERMS: NET CASH

60137

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005500	AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

AMBER MADLOCK

AD

0104

32.00

15.450

494.40

REGISTRATION

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

RECEIVED

TOTAL 494.40

AUG 13 2018

HUMAN RESOURCES

  
Cesar Flores

8/15/18

Date

Manager - Registration Services

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

EMPLOYEE NAME (PLEASE PRINT)

Amber Madlock

WEEK ENDING (SAT)

8 2 18  
MO DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

3 3 7 9

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9	00	12	45	1	35	5	30	8	00
TUES.	8	30	12	30	1	00	5	00	8	00
WED.	8	30	12	30	1	00	5	00	8	00
THURS.	8	30	12	30	1	00	5	00	8	00
FRI.										
SAT.										
SUN.										

STIVERS

TIME REPORT

STAFFING SERVICES, INC.

COMPANY NAME

College of DuPage

ADDRESS

CITY/STATE

Glen Ellyn, IL

DEPARTMENT

OR DIVISION

Enrollment Support

EMPLOYEE SIGNATURE

Amber Madlock

TOTAL HOURS

32

REGULAR TIME

HRS MIN

32

OVERTIME

HRS MIN

CLIENT SIGNATURE

Pamela Friedman

I hereby certify that the hours shown herein 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 billing assignment, and if I do not do so, Stivers may assume that I am no longer available for work.

W/ 40 HOURS OVER 40 HOURS

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005502  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523755  
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 DUPAGE  
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

**AP VERIFIED**

DATE

INVOICE  
NUMBER

PERIOD ENDING  
DATE

DEANNA DUVAL

60137

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

AUG 04 2018 8005502

EMPLOYEE

CODE

HOURS

RATE

TOTAL

TAYYABA KHAN

AD

0104

32.00

15.450

494.40

REGISTRATION

TOTAL 494.40

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

RECEIVED

AUG 13 2018

HUMAN RESOURCES

Cesar Flores

8/15/18

Date

Manager - Registration Services

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

EMPLOYEE NAME (PLEASE PRINT)

Ta'yaba Khan

#17

WEEK ENDING (SAT.)

MO.	4	18
8		18

Stivers  
Use Only

WEEK LATE

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-----	-----	-----	-----	-----

TIME REPORT

32-

STIVERS STAFFING SERVICES, INC

Company  
Name/Dept

COD

Address

City/State

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9		12	30	1	00	5	30	8	
TUES.	10	30	2	30	3	00	7	00	8	
WED.	10	30	2	30	13	00	7	00	8	
THURS.	10	30	2	30	3	00	7	00	8	
FRI.										
SAT.										
SUN.										

EMPLOYEE SIGNATURE:

By email -

TOTAL HOURS

32

REGULAR TIME		OVERTIME	
HRS	MIN	HRS	MIN
32			

CLIENT SIGNATURE:  
Priscila Linares

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 not then available for work.

UP TO 40 HERE

OVER 40  
HERE

Approval includes verification of hours worked and acceptance of terms and conditions.

P \_\_\_\_\_

Ok per Sue Murphy



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005492  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523756  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



PLEASE RETURN  
DUPLICATE INVOICE WITH  
YOUR REMITTANCE TO

# 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

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

AP VERIFIED

TOTAL NET CASH

GLEN ELLYN, IL

08/22/18 - ROBERT MAREK

60137

DEANNA DUVAL

AUG 04 2018 8005492 AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

CHERYL KENNEDY

AD

0104

24.00

15.450

370.80

REGISTRATION

### APPROVED TO PAY

Vendor # 1089608 - Stiver's Staffing

GL Acct # 01-30-00461-5309001

Cesar Flores

Date

Manager - Registration Services

8/15/18

RECEIVED

AUG 13 2018

HUMAN RESOURCES

TOTAL

370.80

CALL STIVERS STAFFING SERVICES!

REMEMBER WE CONVERT HOURS & MINUTES TO DECIMALS, THUS 1 HOUR, 15 MINUTES IS BILLED AS 1.25 HOURS

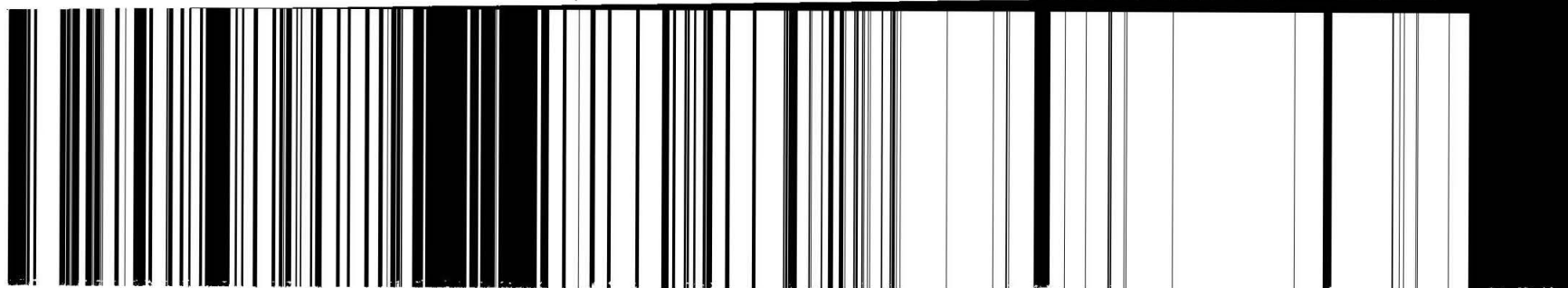
THIS INVOICE DOES NOT NECESSARILY REPRESENT THE COMPLETION OF AN ASSIGNMENT SINCE IT IS OUR PRACTICE TO BILL THE HOURS WORKED EACH WEEK.

ORIGINAL INVOICE

REPORT TIME: <u>REPORT TIME @ STIVERS.COM</u>		WEEK ENDING (SAT.) MO. 4 18 8 4 18		WEEK LATE:	
EMPLOYEE NAME (PLEASE PRINT) Cheryi Kennedy		#30		Stivers Use Only	

										TIME REPORT		
START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY		STIVERS STAFFING SERVICES, INC		
HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	24 -		
MON.	8	30	12	30	1	00	5	00	8	Company Name/Dept		
TUES.	8	30	12	30	1	00	5	00	8	College of Du Page		
WED.	8	30	12	30	1	00	05	00	8	Address		
THURS.									0	City/State		
FRI												
SAT.												
SUN.												
EMPLOYEE SIGNATURE:									TOTAL HOURS		CLIENT SIGNATURE:	
By email -									14		Priscila Linares	
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 not then available for work.									REGULAR TIME		OVERTIME	
									HRS MIN		HRS MIN	
									24			
									UP TO 40 HERE		OVER 40 HERE	
											Approval includes verification of hours worked and acceptance of terms and conditions.	
											P	

OK per Sue Murphy



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005497  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523758  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

PLEASE RETURN  
DUPLICATE INVOICE WITH  
YOUR REMITTANCE TO

# 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

0000460

COLLEGE OF DUPAGE  
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

**AP VERIFIED**

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

TERMS: NET CASH

DATE

INVOICE  
NUMBER

PERIOD ENDING  
DATE

80157

AUG 04 2018

8005497

AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

LAEONTENE JOHNSON

AD

0104

32.00

15.450

494.40

REGISTRATION

TOTAL 494.40

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

Cesar Flores

Manager - Registration Services

8/15/18

Date

RECEIVED

AUG 13 2018

HUMAN RESOURCES

IS .... 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

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.

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)

LAFontene Johnson

39

WEEK ENDING (SAT.)

84118  
MO. DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

7390

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9	00	12	45	1	15	5	30	8	00
TUES.	8	30	12	30	1	00	5	00	8	00
WED.	10	00	2	30	3	00	6	30	8	00
THURS.	8	30	12	30	1	00	5	00	8	00
FRI.										
SAT.										
SUN.										

STIVERS

TIME REPORT  
STAFFING SERVICES, INC

32-

COMPANY  
NAME

COLLEGE OF DUPAGE

ADDRESS

425 FAWELL BLVD.

CITY/STATE

GLEN ELLYN, IL

DEPARTMENT  
OR DIVISION

ENROLLMENT SUPPORT

EMPLOYEE SIGNATURE

LaFontene Johnson

TOTAL HOURS

32.00

I hereby certify that the hours shown herein 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.

UP TO 40 HRS

OVERTIME

HRS. MIN.

OVER 40 HRS

CLIENT SIGNATURE:

Priscilla Johnson

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: 8005495  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523759  
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 DUPAGE  
425 FAWELL BLVD-RM 2134

GLEN ELLYN IL

DEANNA DUVAL

**AP VERIFIED**

TERMS: NET CASH

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

60137

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005495	AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANTHONY DEANY

REGISTRATION

AD

0104

31.00

15.450

478.95

TOTAL 478.95

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

  
Cesar Flores  
Manager - Registration Services

8/15/18  
Date

RECEIVED

AUG 13 2018  
HUMAN RESOURCES

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



EMPLOYEE NAME (PLEASE PRINT)

ANTHONY G DEANY

WEEK ENDING (SAT)

08/04/18  
MO. DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

1353

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

## TIME REPORT

31-

STIVERS

STAFFING SERVICES, INC

COMPANY  
NAME

College of DuPage

ADDRESS

425 Powell Blvd

CITY/STATE

Glen Ellyn, IL

DEPARTMENT  
OR DIVISION

Enrollment Services

EMPLOYEE SIGNATURE

Anthony G Deany

TOTAL HOURS

31.00

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

REGULAR TIME

HRS. MIN.

31 00

UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE

P. Smith

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: 8005501  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523763  
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 DUPAGE  
425 FAWELL BLVD-RM 243

GLEN ELLYN IL

DEANNA DUVAL

AP VERIFIED  
NET CASH

08/22/18 - ROBERT MAREK

60137

INVOICE  
NUMBER

PERIOD ENDING  
DATE

AUG 04 2018 8005501 AUG 04 2018

EMPLOYEE

CODE

HOURS

RATE

TOTAL

ANITA BHALLA

AD

0104

24.00

15.450

370.80

REGISTRATION

TOTAL 370.80

RECEIVED

AUG 13 2018

HUMAN RESOURCES

APPROVED TO PAY

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

Cesar Flores

Manager - Registration Services

8/15/18  
Date

EDS ... 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 -

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.

• 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)

Anita Bhalla-Das

WEEK ENDING (SAT.)

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

3915

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	8	30	12	30	1	00	5	00	8	00
TUES.	8	30	12	30	1	00	5	00	8	00
WED.	8	30	12	30	1	00	5	00	8	00
THURS.	FAMILY									
FRI.	EMERGENCY									
SAT.										
SUN.										

STIVERS

TIME REPORT

STAFFING SERVICES, INC.

COMPANY  
NAME

College of DuPage

ADDRESS

425 Lowell Blvd

CITY/STATE

Glen Ellyn, IL 60137

DEPARTMENT  
OR DIVISION

Enrollment Support Services

24-

EMPLOYEE SIGNATURE

Anita Bhalla-Das

TOTAL HOURS

24.0

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.

24 0

UP TO 40 HERE

OVERTIME

HRS. MIN.

OVER 40 HERE

CLIENT SIGNATURE:

Priscilla Linares

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: 8005496  
Invoice Date: 08/04/18  
PO Number:  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 00461  
Reviewer Name:  
Voucher Number: V0523804  
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 DUPAGE  
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

60137

DEANNA DUVAL

DATE	INVOICE NUMBER	PERIOD ENDING DATE
AUG 04 2018	8005496	AUG 04 2018

**AP VERIFIED**

**08/23/18 - ROBERT MAREK**

EMPLOYEE

HOURS

RATE

TOTAL

PAMELA BENNETT

AD

0104

32.00

15.450

494.40

REGISTRATION

TOTAL 494.40

**APPROVED TO PAY**

Vendor # 1089608 - Stiver's Staffing  
GL Acct # 01-30-00461-5309001

  
Cesar Flores

Manager - Registration Services

8/15/18  
Date

RECEIVED:  
AUG 13 2018  
HUMAN RESOURCES

DS .... 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

## EMPLOYEE NAME (PLEASE PRINT)

Pamela Bennett

#15

## WEEK ENDING (SAT.)

MO.

4

18

Stivers  
Use Only

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START  
TIMELUNCH  
OUTLUNCH  
INFINISH  
TIMETOTAL  
HOURS FOR  
DAY

## TIME REPORT

**STIVERS** STAFFING SERVICES, INC

32-

	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.	9		12	45	1	15	5	30	8	
TUES.	8	30	12	30	1	00	5	00	8	
WED.	8	30	12	30	1	00	5	00	8	
THURS.	8	30	12	30	1	00	5	00	8	
FRI.										
SAT.										
SUN.										

Company  
Name/Dept

COD

Address

City/State

EMPLOYEE SIGNATURE:

By email -

TOTAL HOURS

32

## REGULAR TIME

HRS

MIN

## OVERTIME

HRS

MIN

32

CLIENT SIGNATURE:

Priscila Linares

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 not then available for work.

UP TO 40 HERE

OVER 40  
HERE

Approval includes verification of hours worked and acceptance of terms and conditions.

P

Ok per Sue Murphy

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089608  
Vendor Name: Stivers Staffing Services  
Invoice Number: 8005541  
Invoice Date: 08/11/18  
PO Number: B0359342  
Check Number: E0069000  
Check Amount: \$ 5,245.81  
Check Date: 08/29/2018  
Department ID: 14625  
Reviewer Name:  
Voucher Number: V0523815  
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 DUPAGE  
425 FAWELL BLVD-RM 2134

TERMS: NET CASH

GLEN ELLYN IL

**AP VERIFIED**

DATE

INVOICE  
NUMBER

PERIOD ENDING  
DATE

DEANNA DUVAL

**08/23/18 - ROBERT MAREK**

AUG 11 2018 BC05541

EMPLOYEE

CODE

HOURS

RATE

TOTAL

REBECCA SAMPSON

AD 0104

32.50

18.200 591.50

CONTINUING EDUCATION

TOTAL 591.50

RECEIVED

Bot 359342

AUG 20 2018

HUMAN RESOURCES

APPROVED

AUG 23 2018

FOR YOUR STAFFING NEEDS .... CALL STIVERS

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

41

WEEK ENDING (SAT.)

8/11/18  
MO. DAY YEARLAST 4 DIGITS OF YOUR  
SOCIAL SECURITY  
NUMBER

	START TIME		LUNCH OUT		LUNCH IN		FINISH TIME		TOTAL HOURS FOR DAY	
	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN	HRS	MIN
MON.										
TUES.	8	00	12	00	12	30	4	30	8	00
WED.	8	00	12	00	12	30	4	30	8	00
THURS.	8	00					4	30	8	30
FRI.	8	00					4	00	8	00
SAT.										
SUN.										

EMPLOYEE SIGNATURE

TOTAL HOURS

32.5

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.

STIVERS

TIME REPORT  
STAFFING SERVICES, INC.

32.50

COMPANY  
NAME

College of DuPage

ADDRESS

CITY/STATE

DEPARTMENT  
OR DIVISION

REGULAR TIME

HRS. MIN.

OVERTIME

HRS. MIN.

CLIENT SIGNATURE:

Sue Murphy for  
Ashley McLaughlin

UP TO 40 HOURS

OVER 40 HOURS

Approval includes verification of hours  
worked and acceptance of terms and  
conditions on reverse.