

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1503455

Vendor Name: Hollander International Storag

Invoice Number: 66286

Invoice Date: 09/20/18

PO Number: P0360713

Check Number: E0069792

Check Amount: \$ 860.00

Check Date: 10/17/2018

Department ID: 39025

Reviewer Name:

Voucher Number: V0534218

Redaction Type: Other

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

Document Below

Hollander International Storage & Moving Company Hollander Express and Van Company

1801 Pratt Blvd., Elk Grove Village, IL 60007
847-439-2140

03 90 39025 5805001

Invoice

PO 360713

September 20, 2018

College of DuPage
Attn: Don Inman
425 Fawell Blvd
Glen Ellyn, IL 60137

Customer ID: 1COLL003

Invoice #66286

AP VERIFIED
10/15/18 - BETHANY CRUSE

Description	Amount
09/06/2018 Moving Services per ticket #29400	\$ 860.00
	OK BY 10.10.18
TOTAL CHARGES DUE	\$ 860.00

TERMS: NET DUE UPON RECEIPT

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH PAYMENT

Hollander International Storage & Moving Company
Hollander Express and Van Company
1801 Pratt Blvd., Elk Grove Village, IL 60007

Card No. _____

Exp. Date _____

Circle Type: Visa MC AmEx Disc

Signature _____

College of DuPage
Attn: Don Inman
425 Fawell Blvd
Glen Ellyn, IL 60137

Bank Information for Wire transfer:

Bank: Signature Bank

6400 N. Northwest Hwy, Chicago, IL 60631

Acct Name: Hollander International Storage & Moving Co.

AMOUNT PAID: \$

CUSTOMER ID: 1COLL003

OK TO PAY
DE 1 26 SEP 2018

UNIFORM BILL OF LADING AND FREIGHT BILL

D-Drive, L>Loading, LL>Unloading, P>Packing, UP>Unpacking, W>Waiting, X>Lunch/Break, F>Finished

6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am		

HOLLANDER INTERNATIONAL STORAGE AND MOVING COMPANY, INC.

1801 Pratt Boulevard, Elk Grove Village, IL 60007
(847) 439-2140 HollanderMoving.com
US DOT NO.131735 ILL CC 8668-MC-C

S/O#: HOLL102658001 Reg#:	
Account: College of DuPage	
Shipper Origin: College Of Dupage	
Address: 425 Fawell Road	
City GLEN ELLYN ST Illinois Zip 60137	
Home ph: Don Inman Cell ph: 513-257-1826	

Time 10:30	Agreed Date 06-Sep-18 - 06-Sep-18	Service Date(Actual) 06-Sep-18
Job type and Service Office Move O I-Moving & Unpack		Ticket/ W.O. Number 29400
Sales Rep.: Ron Ross		Coord.: Cheryl Urzedowski
Shipper Dest: College Of Dupage		
Address: 425 Fawell Road- Internal campus		
City GLEN ELLYN ST Illinois Zip 60137		
Home ph: Don Inman Cell ph: 513-257-1826		

Weight/ Load Size	Cubic Ft.	Commodity Office (books, files, etc)	Valuation Type	Valuation Amount 0.000 USD	Invoice Ok'd by	Dock No	Site
Driver Joe			St truck# 211	Tractor#	Trailer#	# of Vans 1	# of Men 2
Elevator			Shuttle No	Hourly Rate			

Special Instructions:

2 men & 1 equipment truck onsite between 10:30-11. Move fireproof 2 drawer file cabinet and place as directed.

Call when getting close
Don 630-701-4874

Carrier Liability- Sign Before Move Begins

Commerical and Office goods, Carrier liability is not insurance.

value of shipment

NOTICE: Carrier liability shall be released at "30 cents per pound per article" unless specified by inserting in the space above, in shippers own handwriting, the declaration of Actual Cash Value(ACV) of goods or \$2.00 per pound at the time shipment is tendered to carrier. Additional charges may be applicable. Increased Valuation above the ACV may be purchased at an additional charge.

Shipper Signature <i>X [Signature]</i>	Date: 9-6-18
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Important Notice

*Estimate of Charges does not constitute a fixed price bid. Actual Charges will be due upon completion of the move. Changes to contract cannot be orally amended. Changes must be in writing. All Deliveries are C.O.D. unless noted.
*Please inspect goods promptly, claims for lost and damaged goods must be filed within 30 days.

Delivery Acknowledgement: Shipment was received in apparent good condition except as noted, and all services were performed.

Shipper Signature <i>X [Signature]</i>	Date: 9-6-18
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Total Hrs	4	X	215	Per Hour	800
Total O.T. Hours		X		Per Hour	
Additional labor				Per Hour	
Travel time	No. Hours	1	X	Per Hour	
Packing Material					
Material/Equipment Rental					
Pack Charges	Date:				
FVP protection	\$ Value	@	per \$100		
ACV protection	\$ Value	@	per \$100		
TOTAL CHARGES DUE \$ 400					
*You are obligated to pay any balance in 30 Days.				Balance due \$	
Driver's Signature <i>X [Signature]</i>				Date:	9-6-18

Certified Transcript of Payroll

IDOL Case File Number: _____

Please Note: The submission of falsified payroll records is a criminal offense.

Payroll Date: Sep 6, 2018

Contractor and/or Subcontractor

Public Body Information

HRI Installations LLC		Corey Hicks	
(Company Name)		(Contact Name)	
9219 32nd Ave		Kenosha	
(Street Address)		(City)	
WI	53142	847-774-7044	
(State)	(Zipcode)	(Telephone Number)	

College of DuPage	
(Public Body Name)	(Contact Name)
(Street Address)	(City)
(State)	(Zipcode)
(Telephone Number)	

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address SSN & Telephone Number		* Hours worked each day							Total Hrs Each PW and Reg.	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
Raymond Stockwell 9887 Paddock Ln Beach Park IL. 60099 320-86-2111 Labor Classification Drv/Hlp	PW					4			4		45.05				180.2
	N														
	Hourly Fringe Benefit: Pension: 8.10 Health/Welfare: 6.50 Vacation: 0.0 Training: .15														
Robert Beauchamp 9887 Paddock Ln Beach Park IL. 60099 391-76-8151 Labor Classification Drv/Hlp	PW					4			4		45.05				180.2
	N														
	Hourly Fringe Benefit: Pension: 8.10 Health/Welfare: 6.50 Vacation: 0.0 Training: .15														
Labor Classification Drv/Hlp	PW														
	N														
	Hourly Fringe Benefit: Pension: Health/Welfare: Vacation: 0.0 Training:														
Labor Classification Drv/Hlp	PW														
	N														
	Hourly Fringe Benefit: Pension: Health/Welfare: Vacation: 0.0 Training:														

*PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked

Certified Transcript of Payroll

Instructions:

Fringe benefits (health insurance, pension, vacation, and training) must be paid, if it is required for the work classification, regardless of your union or nonunion status.

We give you credit for health insurance paid (if any) and ERISA approved pension plan (if any) and training if your employees are in a BAT approved program.

If the fringe benefit rate is paid into a fund, please note by placing the letter "F" behind the fringe benefit rate; if the fringe benefit rate is included on an employee's payroll check, please note by placing the letter "E" behind the fringe benefit rate.

On the back of this form please list all subcontractors, independent contractors and owner operator's your company used on this project. If you wish information regarding coverage of the Act, please visit our web site at www.state.il.us/agency/idol/ or call 217-782-1710.