

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1562038

Vendor Name: IOMD Plastic Surgery Services,

Invoice Number: P0360769

Invoice Date: 07/01/18

PO Number: P0360769

Check Number: E0069929

Check Amount: \$ 967.27

Check Date: 10/24/2018

Department ID: 04700

Reviewer Name:

Voucher Number: V0534583

Redaction Type: FERPA

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

Document Below

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From: marekr@cod.edu  
Sent: Mon Oct 15 10:17:00 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject:  
-----

Bobby Marek  
**Accounts Payable Team Leader**  
**Cash Disbursements/Payroll Department**  
**College of DuPage**  
425 Fawell Blvd | SRC 2132 | Glen Ellyn, IL 60137-6599  
phone 630-942-2229 | marekr@cod.edu

# AP VERIFIED

## 10/18/18 - BETHANY CRUS

College of DuPage  
 Illinois Board of Higher Education FY19  
 Cooperative Work Study Project  
 Grant Period: July 1, 2018-August 31, 2019

Account # 06-10-04700-5309001

## Monthly Reimbursement Form

Company Name:	Tom O Plastic Surgery Services/Inside Look M.D.
Contact Name and Title at Company:	Allison Daniel - office manager
Contact Name Signature:	Allison Daniel
Contact Phone Number:	630-426-6019
Contact email:	allison@drpagesi.com
Name of Student Intern:	[REDACTED]
Signature of Student Intern:	[REDACTED]
Description of work performed:	social media marketing

Please provide paystubs and timesheets to support the monthly reimbursement template.

Monthly reports are due on the 5<sup>th</sup> of every month. A W9 is required for the first reimbursement request.

Service activities offered to student: ☐ Yes ☒ No  
 (Please note this refers to any volunteer opportunities available to the student through your company, if applicable)

Did Student obtain permanent employment in Illinois? ☐ Yes ☒ No  
 If yes, please provide date of employment and name of employer.

Time Period	Hours Worked	Hourly Rate	Total Wages Paid
7/1/2018-7/31/2018	-	\$	\$
8/1/2018-8/31/2018	-	\$	\$
9/1/2018-9/30/2018	75	\$ 20.00	\$ 1,500.00
10/1/2018-10/31/2018		\$	\$
11/1/2018-11/30/2018		\$	\$
12/1/2018-12/31/2018		\$	\$
1/1/2019-1/31/2019		\$	\$
2/1/2019-2/28/2019		\$	\$
3/1/2019-3/31/2019		\$	\$
4/1/2019-4/30/2019		\$	\$
5/1/2019-5/31/2019		\$	\$
6/1/2019-6/30/2019		\$	\$
7/1/2019-7/31/2019		\$	\$
8/1/2019-8/31/2019		\$	\$

$\times 2\% \text{ Benefits} = 30.00$   
 $+ 1,500.00$   
 $\hline \$ 1,530.00$   
 $\div 2$   
 $\hline \$ 765.00$

Verified  
 10-10-18  
 [Signature]  
 10/10/2018

Reimbursement is on a first come, first serve basis. Reimbursement requests are not guaranteed for reimbursement.

Questions or concerns, contact Krystina LaSorsa at lasorsak@cod.edu or 630-942-2230

Thank you,  
 College of DuPage  
 Career Services-IBHE

## Student Affairs and Institutional Advancement

### IBHE FY19 Work Study Grant Reimbursement Process

I write this letter to outline the reimbursement process that will occur for the IBHE FY19 Work Study grant that the College received for the 2018-2019 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 monthly, 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 system.
2. Invoices will be submitted to purchasing any time from the date of this letter through August 31, 2019. Please note the reimbursements may be for internships taking place anytime during the grant cycle (July 1 2018- August 31, 2019).
3. The invoices shall be paid through the IBHE FY19 grant account - 06-10-04700.



Student Affairs

-----  
From: lasorsak@cod.edu  
Sent: Fri Oct 12 17:00:01 CDT 2018  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: FY19 IBHE  
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Hi,

Please see attached for the following employers:

RCOP

Shamrock Florist

Cantigny Park

Inside Look (august and sept)

Morton Arboretum

Thanks!

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

Information:

Drawer: Accounts Payable - Invoices

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Invoice Number: P0360744

Invoice Date: 09/26/18

PO Number: P0360744

Check Number: E0069929

Check Amount: \$ 967.27

Check Date: 10/24/2018

Department ID: 04700

Reviewer Name:

Voucher Number: V0534628

Redaction Type: FERPA

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# AP VERIFIED 10/18/18 - BETHANY CRUSE

College of DuPage and the  
Illinois Board of Higher Education  
Cooperative Work Study Project  
July 1, 2018-August 31, 2019

PO: 360744

## 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)
- Due: 5th of each month

Company Name: Inside Look M.O.  
 Contact Name and Title at Company: Allison Daniel  
 Contact Name Signature: *Allison Daniel*  
 Contact Phone Number: 630-426-6019  
 Contact email: allison@dr.garcol.com

Name of Student Intern: [REDACTED]  
 Signature of Student Intern: [REDACTED]  
 Description of work performed: Social Media Marketing

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
7/1/2018-7/31/2018	<u>19.83</u>	<u>\$20.00</u>	<u>\$396.60</u>
8/1/2018-8/31/2018	<u>19.83</u>		
9/1/2018-9/30/2018			
10/1/2018-10/31/2018			
11/1/2018-11/30/2018			
12/1/2018-12/31/2018			
TOTAL	<u>19.83</u>	<u>\$20.00</u>	<u>\$396.60</u>

$7 \div 2 = 198.30$   
 2% Benefits 3.97

\$202.27

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 Fawell Blvd  
 Glen Ellyn, IL 60137

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

06-10-04700-5309001  
*Judy Zel*  
 9-26-18

*[Signature]*

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