

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1594124

Vendor Name: Barbara J Alderfer

Invoice Number: PO374439

Invoice Date: 06/23/21

PO Number: P0374439

Check Number: 0282869

Check Amount: \$ 3,409.99

Check Date: 07/13/2021

Department ID: 04702

Reviewer Name:

Voucher Number: V0688053

Redaction Type: None

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

Document Below

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From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Wed Jun 23 07:04:54 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Lifestyle\_BODE\_IBHE  
-----

Hi,

Please see attached.

Thank you!

**Krystina LaSorsa**

Career Services Center

College of DuPage

(She/Her/Hers)

Meet our [team!](#)



[attachment: approved)Bode\_Marissa\_July2020- December payment.pdf]

PO:374439

College of DuPage  
 Career Services Center  
 Illinois Board of Higher Education-Illinois Cooperative Work-Study  
 Grant Period: July 1, 2020-August 31, 2021

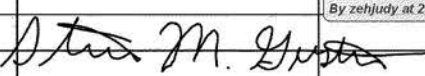
06-10-04702-5309001

**Monthly Reimbursement Form****Fiscal Year: 2021**

Company:	Lifestyle Design
Contact Name:	Bobbi Alderfer
Contact Signature:	
Student Name:	Marissa Bode
Student Signature:	
Student Program:	Interior Design
Description of work performed:	<b>AP VERIFIED</b>
<small>The work performed on this job included material library maintenance, production of CAD drawings, 3D models, budgets, estimates, the placement of orders, attendance at client meetings, and development of a social media presence with the use of Later.com.</small>	
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	<b>06/23/21 - MARIA ZERRUDO</b>

Please provide paystubs and timesheets to support the monthly reimbursement template. Monthly reports are due on the 5th of every month.

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

Check Date	Hours Worked	Hourly Rate	Total Wages Paid
July 2020	76.25	\$15.00	\$1,143.75
August 2020	60.00	\$15.00	\$900.00
September 2020	59.00	\$15.00	\$885.00
October 2020	61.50	\$15.00	\$922.50
November 2020	65.00	\$15.00	\$975.00
December 2020	67.50	\$18.00	\$1,215.00
January 2021		Total	\$6,041.25
February 2021		Fringe Benefits 2%	120.83
March 2021			\$6,162.08
April 2021		Divided by 2	\$ 3,081.04
May 2021			
June 2021		APPROVED By zehjudy at 2:14 pm, May 28, 2021	
July 2021			
August 2021			

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

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1594124

Vendor Name: Barbara J Alderfer

Invoice Number: PO374442

Invoice Date: 06/23/21

PO Number: P0374442

Check Number: 0282869

Check Amount: \$ 3,409.99

Check Date: 07/13/2021

Department ID: 04702

Reviewer Name:

Voucher Number: V0688054

Redaction Type: None

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

Document Below

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From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Wed Jun 23 07:45:35 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: PO\_Lifestyle\_Clouser  
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Good morning,

Please see attached.

Thank you!

**Krystina LaSorsa**

Career Services Center

College of DuPage

(She/Her/Hers)

Meet our [team!](#)

[attachment: Approved\_LifeStyle\_Clouser\_April.pdf]

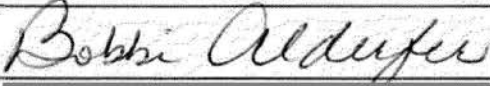

College of DuPage  
Career Services Center  
Illinois Board of Higher Education-Illinois Cooperative Work-Study  
Grant Period: July 1, 2020-August 31, 2021

PO:374442

06-10-04702-5309001

**Monthly Reimbursement Form**

**Fiscal Year: 2021**

Company: Lifestyle Design
Contact Name: Bobbi Alderfer
Contact Signature: 
Student Name: Wendali Clouser
Student Signature: 
Student Program: Interior Design
Description of work performed: Order Samples, Attend Client Meetings, Organize Resources, CAD Drawings, Sketch up Models
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):

**AP VERIFIED**

**06/23/21 - MARIA ZERRUDO**

Please provide paystubs and timesheets to support the monthly reimbursement template. Monthly reports are due on the 5th of every month.

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

Check Date	Hours Worked	Hourly Rate	Total Wages Paid
July 2020			
August 2020			
September 2020			
October 2020			
November 2020			
December 2020			
January 2021			
February 2021			
March 2021			
April 2021	43	15	\$645.00
May 2021		Fringe Benefits 2%	12.90
June 2021			657.90
July 2021		Divide by 2	328.95
August 2021			

**APPROVED**

By zehjudy at 6:55 pm, May 12, 2021

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

