

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1610574  
Vendor Name: Armarius Software Inc  
Invoice Number: PO0000067A  
Invoice Date: 07/15/21  
PO Number: P0000067  
Check Number: E0085952  
Check Amount: \$ 2,360.62  
Check Date: 08/17/2021  
Department ID: 04702  
Reviewer Name:  
Voucher Number: V0690613  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Thu Aug 12 09:20:03 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Armarius\_Hodges\_June\_PO\_FY21  
-----

See attached.

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## **Krystina LaSorsa**

Interim Manager-Career Services Center  
Service Learning and Internship Coordinator  
College of DuPage

630-942-2230

She/Her/Hers

Follow us on Twitter and Instagram @CODCareerCenter

Hire a Chaparral!

[cod.edu/chapsgethired](http://cod.edu/chapsgethired)

[attachment: Approved\_Armarius\_Hodges\_June\_FY21.pdf]

PO000067.

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:	ARMANIUS SOFTWARE
Contact Name:	Brian Bengtson
Contact Signature:	Brian Bengtson
Student Name:	Sherri Hodge
Student Signature:	Sherri Hodge
Student Program:	Internship
Description of work performed:	Marketing, Social Media
Description of service activities (Please note: employers can provide other opportunities available to the student through your company, if applicable):	AP VERIFIED

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 10 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			
May 2021			
June 2021	78.50	15.00	\$1177.50
July 2021			Divide by 2
August 2021			\$588.75

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: 1610574

Vendor Name: Armarius Software Inc

Invoice Number: PO0000067B

Invoice Date: 07/15/21

PO Number: P0000067

Check Number: E0085952

Check Amount: \$ 2,360.62

Check Date: 08/17/2021

Department ID: 04702

Reviewer Name:

Voucher Number: V0690622

Redaction Type: None

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

Document Below

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From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Thu Aug 12 09:19:14 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Armarius\_PO\_Krokosz\_June  
-----

Please see attached.

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## **Krystina LaSorsa**

Interim Manager-Career Services Center  
Service Learning and Internship Coordinator  
College of DuPage

630-942-2230

She/Her/Hers

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[attachment: Approved\_Armarius\_Krokosz\_June\_FY21.pdf]

PO000067.

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

**AP VERIFIED**  
August 2021

Company:	<b>08/12/21</b> <i>Security Services, Networking</i>
Contact Name:	<b>MARIA ZERRUDO</b> <i>Brian Berglund</i>
Contact Signature:	<i>Brian Berglund</i>
Student Name:	<i>Kristy Krakosz</i>
Student Signature:	<i>Kristy Krakosz</i>
Student Program:	<i>INTERNSHIP</i>
Description of work performed:	<i>Security Services, Networking</i>
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	

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			
May 2021			
June 2021	79.50	15.00	\$1,192.50
July 2021			Divide by 2
August 2021			\$596.25

APPROVED  
By zehjudy at 4:17 pm, Jun 30, 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

*Kristy M. Gustafson*

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1610574  
Vendor Name: Armarius Software Inc  
Invoice Number: P0000326  
Invoice Date: 08/11/21  
PO Number: P0000326  
Check Number: E0085952  
Check Amount: \$ 2,360.62  
Check Date: 08/17/2021  
Department ID: 01702  
Reviewer Name:  
Voucher Number: V0693812  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Wed Aug 11 08:04:03 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Armarius\_Hodges\_July\_FY21  
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See attached.

**Krystina LaSorsa**

Career Services Center  
College of DuPage  
(She/Her/Hers)  
Meet our [team!](#)

[attachment: Approved\_Armarius\_Hodges\_July paymentpdf.pdf]



PO:P0000326

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:	ARMARIUS SOFTWARE
Contact Name:	BRIAN BENGLUND
Contact Signature:	Brian Benglund
Student Name:	Sherri Hodge
Student Signature:	Sherri Hodge
Student Program:	Internship
Description of work performed:	Marketing : Social Media Services
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	

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

Did Student obtain new employment in Illinois? ☒ Yes ☐ No. If yes, please provide new 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			
May 2021			
June 2021			
July 2021	60	\$ 15.00	\$900.00
August 2021		divide by 2 =	\$450.00

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

APPROVED  
By zehjudy at 11:12 am, Aug 05, 2021

Steve M. Gustafson

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1610574  
Vendor Name: Armarius Software Inc  
Invoice Number: P0000326A  
Invoice Date: 08/11/21  
PO Number: P0000326  
Check Number: E0085952  
Check Amount: \$ 2,360.62  
Check Date: 08/17/2021  
Department ID: 04702  
Reviewer Name:  
Voucher Number: V0693813  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Wed Aug 11 08:03:16 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Armarius\_Kok.\_July21  
-----

See attached.

**Krystina LaSorsa**

Career Services Center  
College of DuPage  
(She/Her/Hers)  
Meet our [team!](#)

[attachment: Approved\_Armarius\_Krokosz July payment.pdf]

PO:P0000326

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:	ANIMARUS SOFTWARE
Contact Name:	Brian Berglund
Contact Signature:	<i>Brian Berglund</i>
Student Name:	Kristy Krokosz
Student Signature:	<i>Kristy Krokosz</i>
Student Program:	Internship
Description of work performed:	IT: Networking Services
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	

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

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

**AP VERIFIED****08/11/21 - MARIA ZERRUDO**

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			
May 2021			
June 2021			
July 2021	88.75	\$15.00	\$1,331.25
August 2021		divide by 2 =	\$665.62

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

**APPROVED**

By zehjudy at 11:20 am, Aug 05, 2021

*Steve M. Gustafson*

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1610574  
Vendor Name: Armarius Software Inc  
Invoice Number: P0000326B  
Invoice Date: 08/11/21  
PO Number: P0000326  
Check Number: E0085952  
Check Amount: \$ 2,360.62  
Check Date: 08/17/2021  
Department ID: 04702  
Reviewer Name:  
Voucher Number: V0693814  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: LaSorsa, Krystina <lasorsak@cod.edu>  
Sent: Wed Aug 11 08:02:16 CDT 2021  
To: invoicing@cod.edu  
CC: zehjudy@cod.edu  
Subject: Armarius\_Byhring\_Final\_July21  
-----

See attached.

## **Krystina LaSorsa**

Career Services Center

College of DuPage

(She/Her/Hers)

Meet our [team!](#)

[attachment: Approved\_Armarius\_Bhrying\_July\_FY21.pdf]



PO:P0000326

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:	Armanius Software
Contact Name:	Brian Betagundo
Contact Signature:	<i>Brian Betagundo</i>
Student Name:	Jason Bykarsky
Student Signature:	<i>Jason Bykarsky</i>
Student Program:	Internship
Description of work performed:	Development Services
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	

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

**08/11/21 - MARIA ZERRUDO**

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			
May 2021			
June 2021			
July 2021	8	\$15	\$120.00
August 2021		divide by 2 =	\$60.00

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

Questions or concerns, contact Krystina LaSorsa at lasorsak@cod.edu

**APPROVED**

By zehjudy at 11:28 am, Aug 05, 2021

*Steve M. Gustafson*