

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1629370
Vendor Name: Bee Girl Enterprises LLC
Invoice Number: PO0000092A
Invoice Date: 08/18/21
PO Number: P0000092
Check Number: E0086036
Check Amount: \$ 1,748.02
Check Date: 08/25/2021
Department ID: 04702
Reviewer Name:
Voucher Number: V0694345
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thu Aug 19 10:48:38 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Document

[attachment: Default.PDF]

From: LaSorsa, Krystina <lasorsak@cod.edu>
Sent: Wed Aug 18 08:29:17 CDT 2021
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: HPF_VAS_

Hi Bethany,

I am slightly confused now and I want to make sure this is correct. Attached is the PO for two, Heritage Prairie Farm (Bee Girl). In the ESM, I have QTY 1 for each. Is this done incorrectly then? See attached.

Thanks,

Krystina LaSorsa

Career Services Center

College of DuPage

(She/Her/Hers)

Meet our [team!](#)

[attachment: approved_HPFAprilFY21.pdf]

[attachment: Approved_HPFAprilFY21.pdf]

P0000092

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:	<i>Heritage</i>
Contact Name:	<i>Maria Zerrudo</i>
Contact Signature:	<i>Maria Zerrudo</i>
Student Name:	[REDACTED]
Student Signature:	[REDACTED]
Student Print:	[REDACTED]
Description of work performed:	<i>Execute all aspects of certified organic vegetable production from seed to processing + packaging</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	<i>126.5</i>	<i>\$15</i>	<i>\$2,077.50</i>
June 2021		<i>Fringe Ben 2%</i>	<i>41.55</i>
July 2021			<i>2,119.05</i>
August 2021		<i>Divided by 2</i>	<i>\$1,059.52</i>

APPROVED

By zehjudy at 5:23 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

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Drawer: Accounts Payable - Invoices
Vendor Number: 1629370
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Invoice Number: P0000092
Invoice Date: 08/19/21
PO Number: P0000092
Check Number: E0086036
Check Amount: \$ 1,748.02
Check Date: 08/25/2021
Department ID: 04702
Reviewer Name:
Voucher Number: V0694346
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: LaSorsa, Krystina <lasorsak@cod.edu>
Sent: Wed Aug 18 08:29:17 CDT 2021
To: invoicing@cod.edu
CC: zehjudy@cod.edu
Subject: HPF_VAS_

Hi Bethany,

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Thanks,


Krystina LaSorsa

Career Services Center

College of DuPage

(She/Her/Hers)

Meet our [team!](#)

[attachment: approved_HPF_ 
[attachment: Approved_HPF_Vas_April_FY21.pdf]

AP VERIFIED

P0000092

College of DuPage
Career Service Center

Illinois Board of Higher Education-Illinois Cooperative Work-Study




Grant Period: July 1, 2020-August 31, 2021

06-10-04702-5309001

08/19/21 - MARIA ZERRUDO

Monthly Reimbursement Form

Fiscal Year: 2021

Company:	Heritage Prairie Farm
Contact Name:	Nichole Yungur
Contact Signature:	
Student Name:	
Student Signature:	
Student Program:	Floriculture
Description of work performed:	Students execute all aspects of certified organic vegetable production
Description of service activities (Please note this refers to any volunteer opportunities available to the student through your company, if applicable):	Seeding, planting, weeding, harvesting, packing

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	90.00	15.00	1,350.00
May 2021		Fringe Benefits 2%	27.00
June 2021			1,377.00
July 2021		Divide by 2 =	\$688.50
August 2021			

APPROVED

By zehjudy at 9:29 pm, May 25, 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

