

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1673126
Vendor Name: Lincoln Park Zoological Society
Invoice Number: 083122
Invoice Date: 8/31/2022
PO Number: P0005865
Check Number: 0310290
Check Amount: \$ 149.23
Check Date: 03/14/2023
Voucher Number: V0774504
Document Type: AP Invoice

Document Below

P0005865

College of DuPage
Career Services Center
Illinois Board of Higher Education-Illinois Cooperative Work-
Study Grant Period: July 1, 2022-August 31, 2023

06-10-04701-5309001

Monthly Reimbursement Form
Fiscal Year: 2023

Company:
Contact Name:
Contact Signature: <i>Emily Stroebel</i>
Student Name:
Student Signature:
Student Program:
Description of work performed:
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 2022			
August 2022			
September 2022			
October 2022			
November 2022			
December 2022			
January 2023			
February 2023			
March 2023			
April 2023			
May 2023			
June 2023			
July 2023			
August 2023			

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

Questions or concerns, contact Krystina LaSorsa at internships@cod.edu subject: IBHE FY23 Grant

A/P please pay \$149.23

"LaSorsa, Krystina" <lasorsak@cod.edu>

LPZ_December_FY23

"LaSorsa, Krystina" <lasorsak@cod.edu>

Tue, Feb 14, 2023 at 09:51 PM UTC

CC: Wahler, Grace <wahlerg@cod.edu>

BCC:

Hello,

Please see attached!

Thank you,

Krystina

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Krystina LaSorsa, MSMOB

Interim Manager, Internship, and Service Learning Coordinator

Career Services Center

College of DuPage

630-942-2230

She/Her/Hers

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1 attachment

approved_Final_Monthly Reimbursement Form Raymond Woods 1.27.pdf.pdf