

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1760964

**Vendor Name:** KifCure LLC

**Check Details:**

**Check Number:** E0109677

**Check Amount:** \$ 1,495.35

**Check Date:** 9/23/2025

**Invoice Details:**

**Invoice Number:** P0019347

**Invoice Date:** 9/11/2025

**PO Number:** P0019347

**Voucher Number:** V0904462

**Document Type:** AP Invoice

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**Document Below**

## Career Services Center

Illinois Board of Higher Education, Cooperative Work Study

Grant Period: 7/1/2024-8/31/2025

## Employer Payment Request

For Employer only:

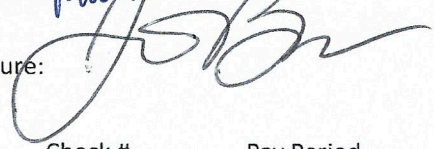
Employer: KIFCURE, LLC

Contact Name: JARETT BURKE

Contact Email: BILLS@KIFCURE.COM

Nature of Work Performed: ASSISTING IN GARDEN MATENANCE, PRODUCTION &amp; LANDSCAPING TASKS

Student Name: MACK WAGNER

Student Signature: Employer Signature: 

Check #	Pay Period	Total Hours	Rate	Total	FICA 7.6%	Total
1398	5/26/2025-6/10/2025	51.29	15.00	\$769.35		\$769.35
1405	6/11/2025-6/25/2025	41.15	15.00	\$617.25		\$716.25
1413	6/26/2025-7/10/2025	27.5	15.00	\$412.50		\$412.59
17187248	7/11/2025-7/25/2025	35.1	15.00	\$526.50		\$526.50
7318421	7/26/2025-8/10/2025	44	15.00	\$660.00		\$660.00

Grand Total: \$3084.69

x 50% \$1542.36

Projected Payment to Employer: \$1542.36

Please provide **paystubs and timesheets** to reflect the reimbursement above. Forms should be sent to [internships@cod.edu](mailto:internships@cod.edu) on a monthly basis with the subject line of: IBHE CWS Grant.

Reimbursement is on a first come, first served basis and are dependent on the availability of limited grant funds. Timely submission of this form is important to ensuring fund availability and reimbursement. Student payroll is not eligible for reimbursement once funds have run out. For questions or concerns, please contact Rebecca Harrington in Career Services at 630-942-2458 or [internships@cod.edu](mailto:internships@cod.edu).

For Career Services dept only:

Student ID#: 1339910

Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: Horticulture A.A.S.

Career Services Program Manager Signature:

For Grant Accountant only:

Accounts Payable, please pay vendor: **\$1,495.35**

Grant Accountant Signature:

"Harrington, Rebecca" <riversr@cod.edu>

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**P0019347**

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"Harrington, Rebecca" <riversr@cod.edu>

Thu, Sep 11, 2025 at 07:43 PM UTC

CC:

BCC:

P0019347

Rebecca Harrington  
Program Manager  
College of DuPage Career Services, SSC 3373  
riversr@cod.edu  
Career Services Summer Hours: M-Th 8a-5p; F - Closed

Visit us at [cod.edu/careerservices](https://cod.edu/careerservices)  
Listen to [The Career Ready Podcast](#)

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**1 attachment**

IBHE Reimbursement Form Kifcure M Wagner May-July 2025.pdf