

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1629020

Vendor Name: Planit Landscape Perspectives LLC

Check Details:

Check Number: E0109787

Check Amount: \$ 301.82

Check Date: 9/30/2025

Invoice Details:

Invoice Number: P0019406

Invoice Date: 9/16/2025

PO Number: P0019406

Voucher Number: V0905820

Document Type: AP Invoice

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:
Contact Name:
Contact Email:
Nature of Work Performed:
Student Name:
Student Signature:

Employer Signature:

	Check #	Pay Period	Total Hours	Rate	Total	FICA 7.6%	Total
example:	245	7/1/2024-7/12/2024	20	\$ 15.00	\$ 300.00	\$ 22.80	\$ 322.80

Grand Total:
x 50%
Projected Payment to Employer:

Please provide **paystubs and timesheets** to reflect the reimbursement above. Forms should be sent to 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.

For Career Services dept only:

Student ID#: Quarter: Q1 Q2 Q3 Q4
Student Program:
Career Services Program Manager Signature:

For Grant Accountant only:

Accounts Payable, please pay vendor:

Grant Accountant Signature:

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

P0019406

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

Tue, Sep 16, 2025 at 02:28 PM UTC

CC:

BCC:

P0019406

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

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2 attachments

IBHE CWS Employer Reimbursement Form Kate June P0019406.pdf

IBHE CWS Employer Reimbursement Form (2)Monica June-August P0019406.pdf

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Check Date: 9/30/2025

Invoice Details:

Invoice Number: 7-01-24-8-31-25

Invoice Date: 9/16/2025

PO Number: P0019406

Voucher Number: V0905819

Document Type: AP Invoice

Document Below



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Illinois Board of Higher Education, Cooperative Work Study
Grant Period: 7/1/2024-8/31/2025

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

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