

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087327 **Vendor Name:** The Morton Arboretum

Check Details:

Check Number: 0346732 **Check Amount:** \$ 1,060.36 **Check Date:** 11/25/2025

Invoice Details:

Invoice Number: P0020438 **Invoice Date:** 10/15/2025 **PO Number:** P0020438 **Voucher Number:** V0914675

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: The Morton Arboretum

Contact Name: Andrew Hipp

Contact Email: ahipp@mortonarb.org

Nature of Work Performed: Herbarium Intern

Student Name: Binna Kim

Student Signature: *Binna Kim*

Employer Signature: *Andrew Hipp*

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
420188	09/28/2025-10/11/2025	45.50	\$ 20.00	\$ 910.00	\$ 69.16	\$ 979.16
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: \$ 979.16

x 50% \$ 489.58

Projected Payment to Employer: \$ 489.58

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#: 1642090

Quarter: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

Student Program: Horticulture

Career Services Program Manager Signature:

For Grant Accountant only:

Accounts Payable, please pay vendor: **\$489.81**

Grant Accountant Signature:





Audit Trail

Document Details

Title	IBHE CWS Employer Reimbursement Form-BinnaKim_20250928_20251011.pdf
File Name	IBHE CWS Employer Reimbursement Form-BinnaKim_20250928_20251011.pdf
Document ID	ac21fed51a4a47d0be8c1b3c90f10f34
Fingerprint	1a89350aca334fa8ddd462f1ab163beb
Status	Completed

Document History

Document Created	Document Created by Michelle Czmil (mzczmil@mortonarb.org) Fingerprint: 7fa9670642208e38862115db97cef96f	Oct 15 2025 05:49PM UTC
Document Sent	Document Sent to Binna Kim (bkim@mortonarb.org)	Oct 15 2025 05:49PM UTC
Document Viewed	Document Viewed by Binna Kim (bkim@mortonarb.org) IP: 50.233.194.34	Oct 15 2025 05:49PM UTC
Document Signed	Document Signed by Binna Kim (bkim@mortonarb.org) IP: 50.233.194.34 	Oct 15 2025 05:51PM UTC
Document Sent	Document Sent to Andrew Hipp (ahipp@mortonarb.org)	Oct 15 2025 05:51PM UTC
Document Viewed	Document Viewed by Andrew Hipp (ahipp@mortonarb.org) IP: 50.233.194.34	Oct 15 2025 10:11PM UTC
Document Signed	Document Signed by Andrew Hipp (ahipp@mortonarb.org) IP: 50.233.194.34 	Oct 15 2025 10:12PM UTC

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

P0020438

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

Tue, Nov 18, 2025 at 04:06 PM UTC

CC:

BCC:

P0020438

Rebecca Harrington
Program Manager
College of DuPage Career Services, SSC 3373
riversr@cod.edu

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1 attachment

IBHE CWS Employer Reimbursement Form-BinnaKim_092825-101125 P0020438.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087327 **Vendor Name:** The Morton Arboretum

Check Details:

Check Number: 0346732 **Check Amount:** \$ 1,060.36 **Check Date:** 11/25/2025

Invoice Details:

Invoice Number: P0020472 **Invoice Date:** 11/17/2025 **PO Number:** P0020472 **Voucher Number:** V0914645

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: The Morton Arboretum

Contact Name: Andrew Hipp

Contact Email: ahipp@mortonarb.org

Nature of Work Performed: Herbarium Intern

Student Name: Binna Kim

Student Signature: *Binna Kim*Employer Signature: *Andrew Hipp*

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
440197	10/12/2025-10/25/2025	53.00	\$ 20.00	\$ 1,060.00	\$ 80.56	\$ 1,140.56
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00

Grand Total: \$ 1,140.56

x 50% \$ 570.28

Projected Payment to Employer: ~~\$ 570.28~~

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:

Horticulture

Career Services Program Manager Signature:

*Rebecca Harrington**For Grant Accountant only:*Accounts Payable, please pay vendor: **\$570.55**

Grant Accountant Signature:

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

P0020472

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

Thu, Nov 20, 2025 at 04:29 PM UTC

CC:

BCC:

P0020472

Rebecca Harrington
Program Manager
College of DuPage Career Services, SSC 3373
riversr@cod.edu

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