

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1599404

Vendor Name: Aspen University Inc

Invoice Number: PROF.DEV.051920

Invoice Date: 05/19/20

PO Number:

Check Number: 0268272

Check Amount: \$ 490.00

Check Date: 06/10/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0622947

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Subject: PD form - Mr. Darte

Hi Marivic,

Please process the attached PD form for [REDACTED]. He is requesting a pre-payment to Aspen University. I have their vendor ID # at the top of the form.

Thanks,
Adrienne



Human Resources

Please refer to the "Concur Professional Development Procedure" in the

Professional/Educational Development Tuition Reimbursement

Check One: Classified ☒ Managerial ☐ FOP ☐ Union 399 ☐

Board policy has established a maximum amount of reimbursement per fiscal year. Each fiscal year begins July 1 and ends June 30 and is dependent upon course completion date.

Eligible after six months' probation.

This form must be completed and signed by the appropriate supervisor and department authorized budget signatory before enrolling in the class, workshop or other activity.

PHONE NO.:

DATE OF REQUEST:

Please attach copy of completed registration form (circle amount requesting).

College/University/Seminar Sponsor

Date class begins/Date class ends

Aspen University

6/16/20 / 8/11/20

Is course job related?

☒ Yes ☐ No

Address (if requesting a Pre-Payment)

Describe how course is job related:

Name of Course/s

course towards degree program

Principals of Marketing

Is this a wellness course?

☐ Yes ☐ No

(Maximum amount of \$240.00)

Is course part of a degree program?

☒ Yes ☐ No

Are You Requesting:

Enter Amount:

Needed to Complete Process:

(check all that apply)

☒ Reimbursement for conference/seminar/class \$ 490

☐ Required Class Materials \$

☐ Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$20) \$

☐ Travel up to \$600 (classified and managerial only) \$

☐ COD Health Club \$

☐ Non-COD Health Club/Non-COD Fitness/Wellness classes* including Weight Watchers \$

Proof of completion and proof of payment

Proof of payment

Proof of completion

Proof of completion and proof of payment

Proof of payment

*No Pre-Payments #These are taxable to the employee

†When requesting a pre-payment, attach a registration form or invoice to this form. If using Concur, please contact Accounts Payable for payment. If I receive an advance, I understand I must produce evidence of satisfactory completion of the course or seminar within 60 days. Failure to do this will result in the cost of the course or seminar being deducted from my paycheck. MB (Initial here)

REQUIRED ☐ Approved

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 490.00

Account #01-90-00835-52090-17 FY 21

Date request sent to Accounts Payable: 5/19/20

Date request approved:

Date expense approved:

SEND COMPLETED FORM WITH PROOF OF COMPLETION AND PROOF OF PAYMENT (if applicable) TO HUMAN RESOURCES

Enrollment

Student 

Program: Bachelor of Science in Business Administration, (Completion Program)

Enrollment Details

Description	Amount
BUS320 - Principles of Marketing (06/23/2020)	\$450.00
Technology Fee - BUS320	\$40.00
Amount Due	\$490.00

If the above amount is incorrect or you want to make a partial payment, please call 303-333-4224.