

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083978
Vendor Name: CSHEMA-Campus Safety Health &
Invoice Number: 060120
Invoice Date: 06/01/20
PO Number:
Check Number: 0269046
Check Amount: \$ 275.00
Check Date: 06/23/2020
Department ID: 00835
Reviewer Name:
Voucher Number: V0624322
Redaction Type: Other
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zerrudom@cod.edu
Sent: Mon Jun 01 12:20:24 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: PD form - P. Sowatzke

From: Cassel, Adrienne
Sent: Monday, June 1, 2020 12:18 PM
To: Zerrudo, Maria <zerrudom@cod.edu>
Cc: Sowatzke, Patricia <sowatz@cod.edu>
Subject: PD form - P. Sowatzke

Hi Marivic,

Please process the attached PD form for Trisha. I have indicated the vendor number on the top.

Thanks,
Adrienne

Professional Dues Reimbursement

(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

Employee name: [REDACTED] Date: 5/28/20
 Department: [REDACTED] Colleague ID#: [REDACTED]

Payment to: ☐ Me (receipt attached) ☒ Organization (attach receipt to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 275.00 for membership dues in:

Name of organization: Campus Safety, Health, and Environmental Management Association (CSHEMA)

Address: *(needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)*

One City Centre, Suite 204, 120 W. Seventh Street, Bloomington, IN 46404

Purpose of organization: Campus Oriented health and safety organization with forums, events, and webinars

APPROVED ☒ (considered a business expense helpful in the performance of the employee's duties)

DENIED ☐

Signature of Dean or Administrator:  Date: 5/28/20

Obtain signature of Dean or Administrator — Mail to Human Resources

OFFICE USE ONLY:

Reimbursement amount \$ 275.00 Account #01-90-00835-52090-19 Fiscal year: 20

H/R approval: A. Cassel Date sent to Accounts Payable: 6/1/20

Date request approved: _____ Date expense approved: _____



Member Type
Institution (School)

Term

7/1/2020 to 7/1/2021

Institutional Membership Dues

Product	Qty	Price
	1	\$275.00

About CSHEMA

CSHEMA is the pre-eminent organization serving the EHS community in higher education.

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- Corporate Involvement
- Career Center
- Connect

Contact Us
One City Centre, Suite 204
120 W. Seventh St.
Bloomington, IN 47404
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info@cshema.org



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