

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1417381

Vendor Name: Indiana University

Invoice Number: ELYSE PELZER

Invoice Date: 07/08/20

PO Number:

Check Number: 0270901

Check Amount: \$ 950.00

Check Date: 07/14/2020

Department ID: 00835

Reviewer Name:

Voucher Number: V0634712

Redaction Type: Other

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

Document Below



Human Resources

Please refer to the "Concur Professional Development Procedure" in the Forms Library to complete your request/expense.

EMPLOYEE NAME _____

COLLEAGUE ID # _____

DEPARTMENT _____

PHONE EXT. _____

DATE OF REQUEST _____

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.

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

College/University/Seminar Sponsor

Date class begins/Date class ends

Address (if requesting a **Pre-Payment**)

Is course job related? ☐ Yes ☐ No

Describe how course is job related:

Name of Course/s

Is this a wellness course? ☐ Yes ☐ No

(Maximum amount for FY \$240.00)

Is course part of a degree program? ☐ Yes ☐ No

Are You Requesting:

(check all that apply)

Enter Amount:

Needed to Complete Process:

☐ **Reimbursement** for conference/seminar/class \$ _____

☐ **Required Class Materials** \$ _____

☐ **†Pre-payment** for COD credit & non-credit class/conference/seminar/class (>\$50) \$ _____

☐ **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. _____ (Initial here)

REQUIRED ☐ Approved

signature on other copy

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ **950.00**

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

Date request sent to Accounts Payable: **7/8/20**

Date request approved: _____

Date expense approved: _____

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

From: cruseb199@cod.edu
Sent: Wed Jul 08 11:49:06 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: [REDACTED]

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Wednesday, July 8, 2020 8:57 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: [REDACTED]

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Best,





Human Resources

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EMPLOYEE NAME _____

COLLEAGUE ID # _____

DEPARTMENT _____

PHONE EXT. _____

DATE OF REQUEST _____

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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.

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

College/University/Seminar Sponsor

Date class begins/Date class ends

Address (if requesting a **Pre-Payment**)

Is course job related? ☐ Yes ☐ No

Describe how course is job related:

Name of Course/s

Is this a wellness course? ☐ Yes ☐ No

(Maximum amount for FY \$240.00)

Is course part of a degree program? ☐ Yes ☐ No

Are You Requesting:

(check all that apply)

Enter Amount:

Needed to Complete Process:

☐ **Reimbursement** for conference/seminar/class \$ _____

☐ **Required Class Materials** \$ _____

☐ **†Pre-payment** for COD credit & non-credit class/conference/seminar/class (>\$50) \$ _____

☐ **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. _____ (Initial here)

REQUIRED ☐ Approved

Margaret Hernandez

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ _____

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

Date request sent to Accounts Payable: _____

Date request approved: _____

Date expense approved: _____

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



INSTRUCTIONS

*For any reimbursement requiring payment for travel expenses, employee **MUST** use Concur. If no travel reimbursement is requested, employee may send the paper form to Human Resources for manual processing.*

1. Complete the information requested on the form and have it signed by your supervisor and department authorized budget signatory.
2. Submit a request in Concur, attaching your approved Professional Development form and allocating the expenses to the appropriate funding source. (For professional development, use department 00835, function 90). *When completing your header in Concur, be sure to choose "Request Type 2" to ensure proper routing.*
3. Once approval process is complete, employee may register for the class/conference/seminar.
4. Upon completion, submit an expense report through Concur, attaching approved Professional Development form, proof of payment and proof of attendance. Allocate expenses to the appropriate funding source. *Again, be sure you choose "Report Type 2" in your header to ensure proper routing.*

For Pre-Payments:

1. Complete the information requested on the form, check the appropriate box indicating you are requesting a pre-payment, and initial the statement that is in italics underneath. Submit the request in Concur, attaching the form and invoice, and allocating the expenses to the appropriate funding source.
2. Once the approval process is complete, contact Accounts Payable to make the payment. **Please note: Concur will NOT automatically make the payment — you must contact A/P to do that.**
3. Within 60 days of completion, put through an expense report in Concur, attaching Professional Development Form, proof of payment (indicating that it was "company paid") and proof of attendance. Human Resources will authorize deductions of pre-payments from payroll if evidence of completion is not submitted within 60 days.
4. Pre-payments for college/university classes cannot be prepaid through Concur. A paper form must be submitted to Human Resources and a check will be made payable to the college/university and will be returned to the employee.

*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.