

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086141

Vendor Name: ILCA

Invoice Number: EM-CLEB051721

Invoice Date: 05/17/21

PO Number:

Check Number: 0281672

Check Amount: \$ 395.00

Check Date: 06/08/2021

Department ID:

Reviewer Name:

Voucher Number: V0679716

Redaction Type: Other

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

Document Below

From: Cruse, Bethany <cruseb199@cod.edu>

Sent: Mon May 17 09:45:09 CDT 2021

To: invoicing@cod.edu

CC:



Professional Development and Renewal Fund Request Full-Time Faculty

This form must be signed and approved **before** enrolling in courses, workshops, seminars or submitting requests for professional dues or periodical subscriptions. **Requests submitted without prior approval are not eligible for reimbursement or course credit.**

☐ REIMBURSEMENT REQUEST or ☒ PRE-PAYMENT REQUEST†
☐ Course/Workshop/Conference ☒ Dues/Subscriptions ☐ Work Related Books ☐ Travel
☐ ΔCOD Health Club ☐ ΔCOD Wellness/Fitness Classes ☐ Δ**Non-COD Health Club/Fitness/Wellness Classes

**These are taxable to the employee

Δ These do not require approval of Dean/Associate Dean

Sponsor/College or University: Illinois Landscape Contractors Assn (ILCA) (VENDOR # 1086141)

Title/Course Name and Number: _____ Number of Credits: _____

Date of Event: _____ Tuition, Registration, Dues, Subscription/Membership Fee, Books: \$ 395.00

Travel: \$ _____

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:
(attach additional page if necessary)

☒ Approved ☐ Not Approved Kris Fay Digitally signed by Kris Fay
 Date: 2021.05.14 13:58:35 -05'00' Date: _____
 Dean/Associate Dean

†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. BC _____ (Initial here)

If you have received full reimbursement of your Professional Development funds and wish to request additional reimbursement, please make your request to the Provost's office via your Dean.

☐ COURSE CREDIT FOR RANGE CHANGE REQUEST:

Course Number: _____ Dates: _____ College or University: _____

Course Name: _____ Number of Credits Earned: _____ semester hours quarter hours

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:
(attach additional page if necessary)

☐ Approved ☐ Not Approved _____ Date: _____
 Dean/Associate Dean

Return this signed form along with attachments showing proof of payment and proof of satisfactory completion, if applicable, to Human Resources.

HR USE ONLY

HR has recorded _____ semester hours

The cumulative hours recorded are: _____

HR Approval: _____ Date: _____

Account #01-90-00835-52090-14: Faculty Tuition

Account #01-90-00835-52090-18: Faculty Dues **x**

Amount of reimbursement: \$ 395.00

Date request sent to Accounts Payable 5/17/21

Date request approved: _____

Date expense approved: _____

HR Approval: A. Cassel

Professional Development and Renewal Fund Request Procedure

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.

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

For Health Clubs:

1. COD Fitness Center will be processed with a journal entry on behalf of the employee.
Send completed form to Human Resources for processing.
2. Non-COD Health Clubs/Fitness/Wellness classes are taxable and are processed through payroll.
Send the completed form and receipt to Human Resources for processing.

For Credit Requests, please send form with proof of attendance/completion (grade report or certificate) to Human Resources for processing.

Note: Professional Development funds allocated for reimbursement will be from the Fiscal Year in which the course/conference/workshop concludes.



DUES RENEWAL

Illinois Landscape Contractors Assn.
2625 Butterfield Rd. Ste. 104S
Oak Brook, IL 60523
Phone: (630) 472-2851
Fax: (630) 472-3150
Email: information@ilca.net

College of DuPage Horticulture
Attn: Amy Hull
425 Fawell Blvd
Glen Ellyn, IL 60137

Save a stamp, renew online!
Did you know you can renew or set up
automatic renewal through your
membership profile?
If you need help, please email
anagy@ilca.net

Government/Non-Profit (Class G) - \$395

Your 2020-21 membership will expire 6/30/2021
Payment extends membership through June 30, 2022

395.00

ILCA Political Action Committee (PAC) Fund Donation
We need your support!
Minimum donation suggested \$200.

\$

ILCA dues are not deductible as a charitable contribution for income tax purposes, but may be partially deductible as a business expense. ILCA estimates that 8% of your dues are not deductible because of lobbying activities on behalf of its members.

Credit Card Payments

TOTAL PAID

\$

395.00

Card # _____ Exp. date ____/____ CVC _____

Yes! I would like to sign up for Auto-Renew using the card information above. ☐

REMINDER: Please make sure your online member profile is complete and up to date (current contact information, full company description, services/categories selected under labels, photos, links to social media sites, etc).

Your profile information will be used for the 2021-22 ILCA Membership Directory and buyer's guide.

Save the Stamp: Renew Online
www.ilca.net