

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1425148

Vendor Name: Alice Training Institute LLC

Invoice Number: L.NEHLS

Invoice Date: 06/16/21

PO Number:

Check Number: 0282237

Check Amount: \$ 695.00

Check Date: 06/22/2021

Department ID: 00835

Reviewer Name:

Voucher Number: V0687299

Redaction Type: Other

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

Document Below

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Wed Jun 16 09:19:52 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: PD for - [REDACTED]

From: Cassel, Adrienne <cassel@cod.edu>
Sent: Wednesday, June 16, 2021 9:19 AM
To: [REDACTED] >
Cc: [REDACTED]
Sub [REDACTED]

Hi Bethany,

Please process the attached payment to the organization. Vendor ID is at the top.

Adrienne

Adrienne Cassel
Human Resources, Compensation Specialist
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
(630) 942-4233

[attachment [REDACTED] J. Alice Training.pdf]

College of DuPage
Human Resources

Vendor ID
1425148

**Professional/Educational Development
Tuition Reimbursement**
Check One: Classified ☐ Managerial ☐ FOP ☐ Union 399 ☐

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

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

able 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.

DEPARTMENT

DATE OF REQUEST

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

College/University/Seminar Sponsor

Date class begins/Date class ends

NAVIGATE 360 / ALICE TRAINING

6/8/21 / 6/9/21

Is course job related? ☒ Yes ☐ No

Address (if requesting a Pre-Payment)

Describe how course is job related:

Name of Course/s

ACTIVE VIOLENCE TRAINING

ALICE INSTRUCTOR CERTIFICATION

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 one)

Enter Amount:

Needed to Complete Process:

☒ Reimbursement for
conference/seminar/class

\$ 695.

Proof of completion and proof of payment

☐ Required Class Materials

AP VERIFIED

Proof of payment

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

\$

Proof of completion

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

\$ 152.

Proof of completion and proof of payment

☐ COD Health Club*

\$

MILEAGE (132.20) TOLLS (12.80)

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

\$

Proof of completion and proof of payment, if applicable

*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

Joe Mullin

06/15/2021

SUPERVISOR'S SIGNATURE

DATE

Joe Mullin

06/15/2021

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

A. Cassel

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 695.00

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

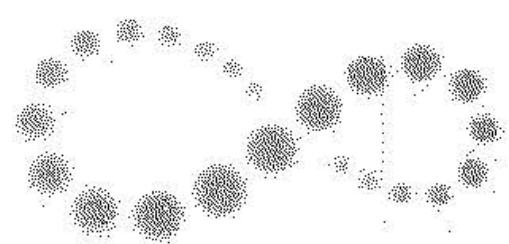
Date request sent to Accounts Payable: 6/16/21

Date request approved:

Date expense approved:

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

HR-16-23274(1/1/16)



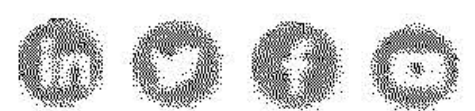
Navigate360

Building safer tomorrows.

Office: 330-661-0106

www.navigate360.com

3900 Kinross Lakes Parkway, Suite 200, Richfield, OH 44286



Nehls, James

From: Navigate360, LLC <quickbooks@notification.intuit.com>
Sent: Thursday, June 10, 2021 8:26 AM
To: Mullin, Joseph; Nehls, James
Cc: ar@navigate360.com
Subject: [External] INVOICE 63941 from Navigate360, LLC

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

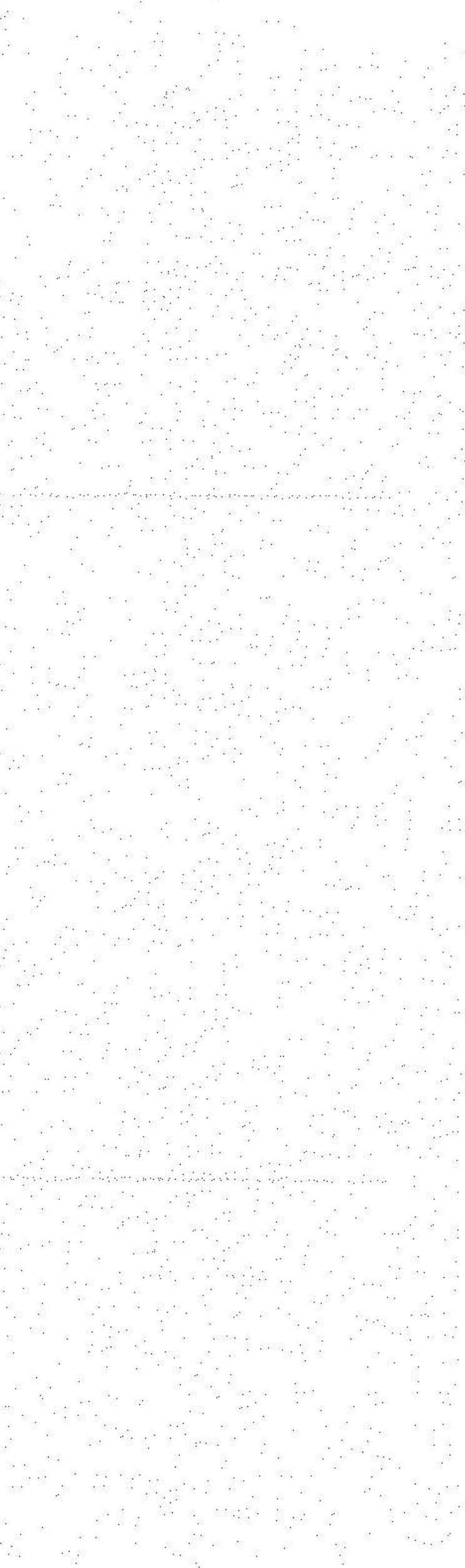
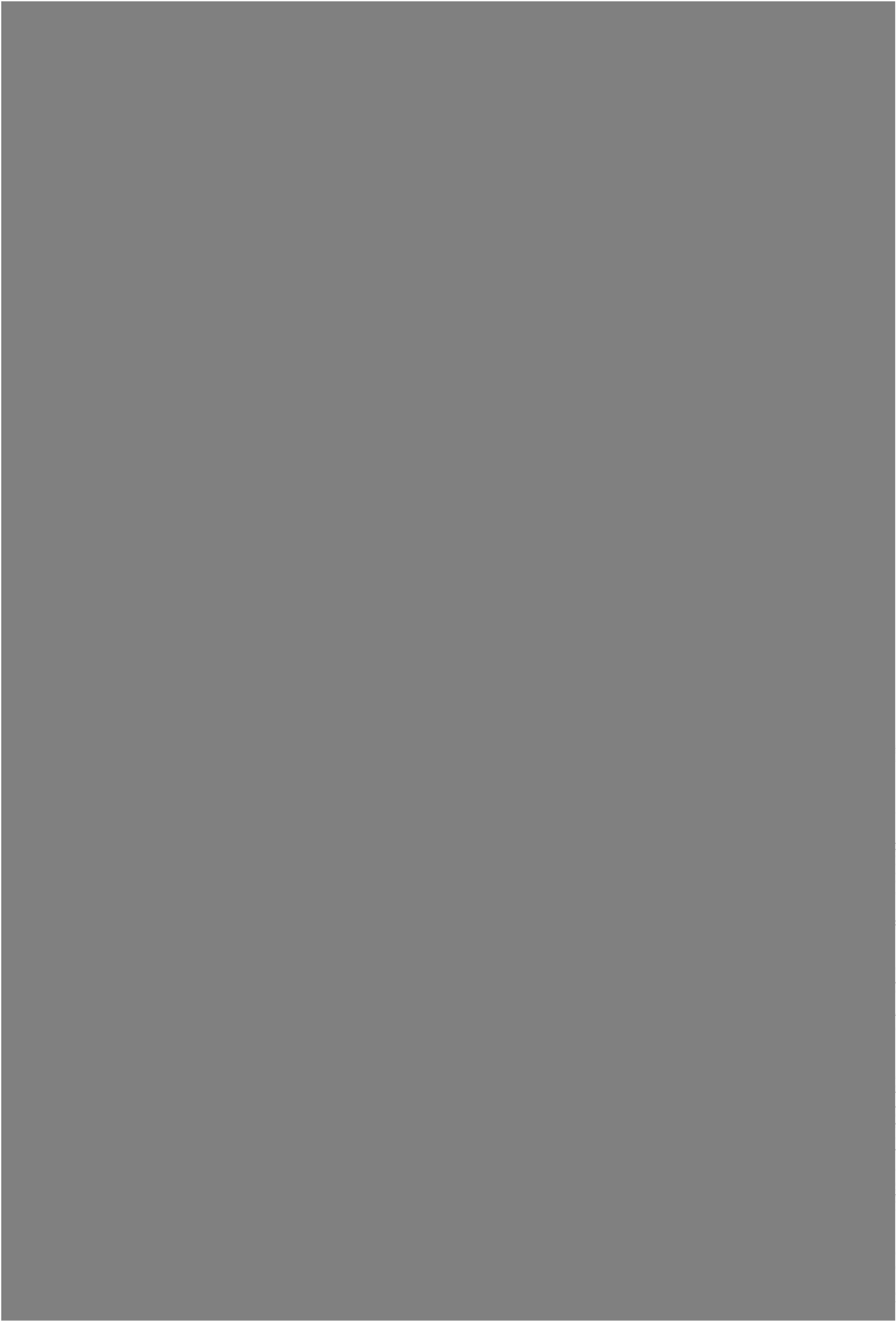
INVOICE 63941 DETAILS

PLEASE NOTE ADDRESS CHANGE
Remit to:
PO Box 933402
Cleveland, OH 44193

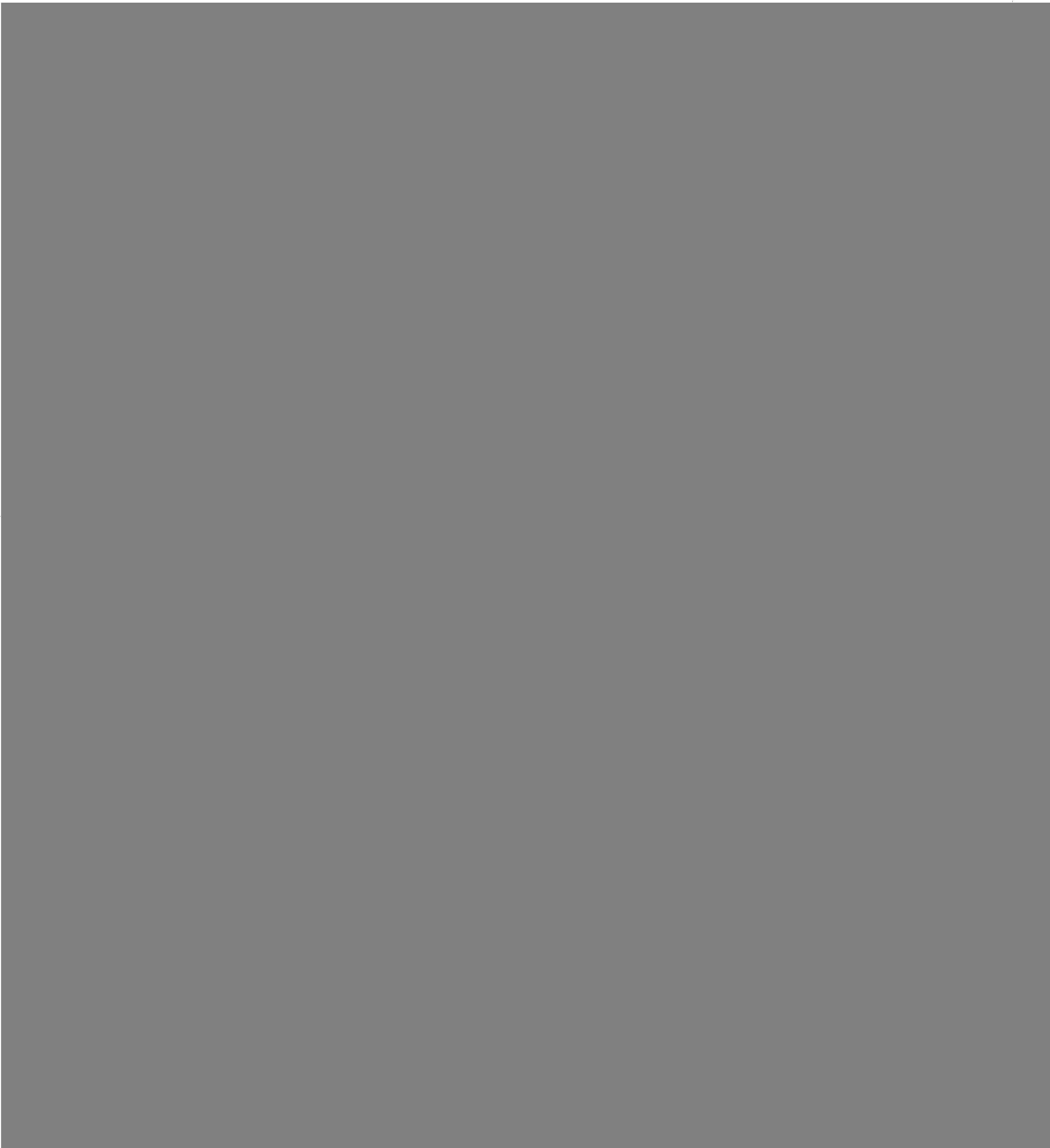
Banking Information
PNC Bank
Account# 4273496353
Routing# 041000124
SC# PNCCUS33

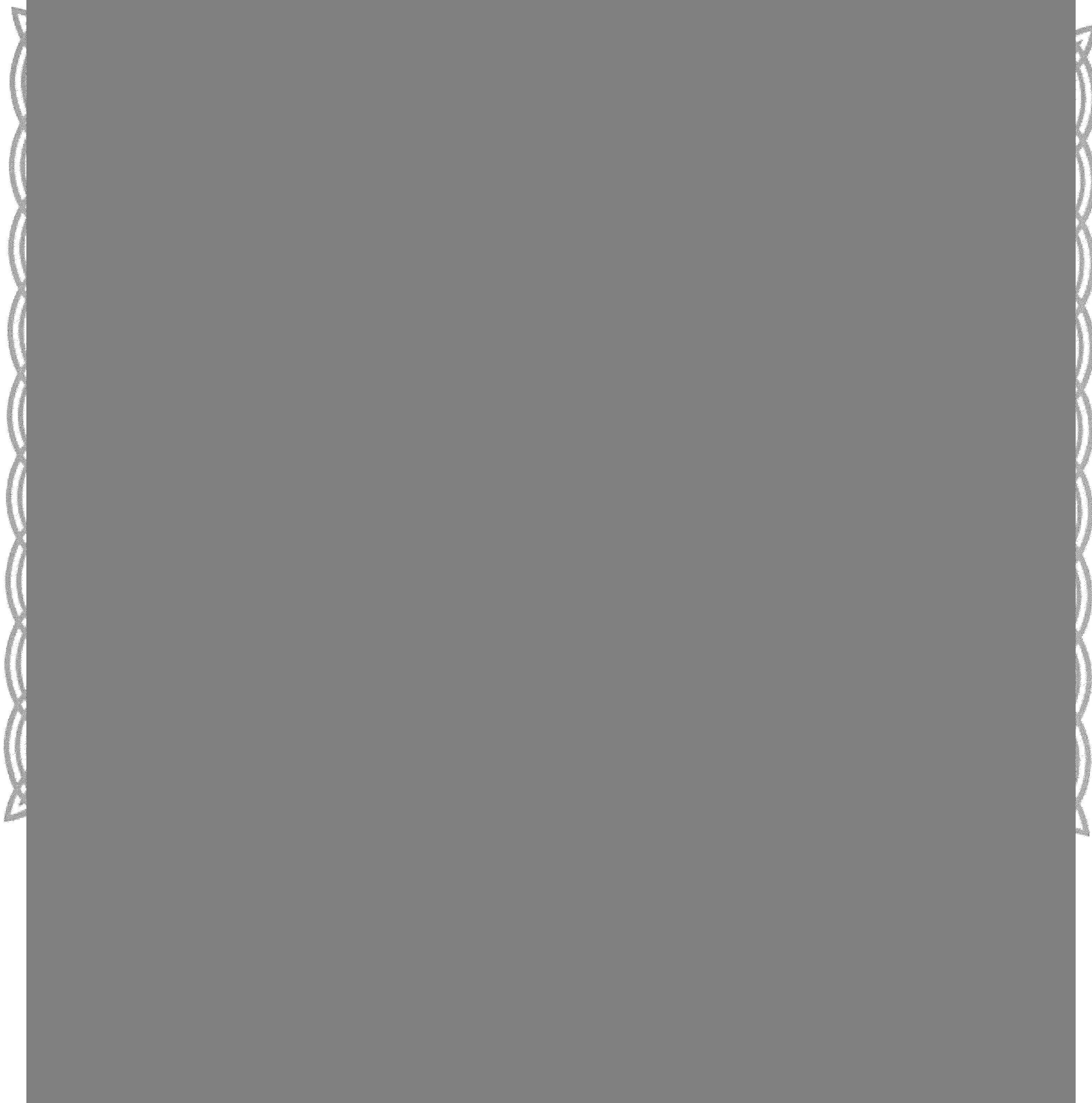


Navigate360, LLC









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