

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1452678

Vendor Name: Equipment & Engine Training Council

Invoice Number: 300003038

Invoice Date: 1/1/2022

PO Number:

Check Number: E0088682

Check Amount: \$ 250.00

Check Date: 03/15/2022

Voucher Number: V0732372

Document Type: AP Invoice

Document Below

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

Employee Name: Brian Clement Colleague ID#: 0051587

Department: Horticulture Extension: 2526 Date: 07/13/2021

☐ 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: Equipment Engine Training Council dba EETC (Vendor # 1452678)

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

Date of Event: _____ Tuition, Registration, Dues, Subscription/Membership Fee, Books: \$ 250.00

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)

Membership in national professional organization is required for accreditation and to keep current with industry.

☒ Approved ☐ Not Approved

Kris Fay
Digitally signed by Kris Fay
Date: 2022.02.28 20:09:22 -06'00'

Dean/Associate Dean

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. (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

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 Amount of reimbursement: \$ 250.00

The cumulative hours recorded are: _____ Date request sent to Accounts Payable: 3/2/22

HR Approval: _____ Date: _____ Date request approved: _____

Account #01-90-00835-52090-14: Faculty Tuition Date expense approved: _____

Account #01-90-00835-52090-18: Faculty Dues ☒ 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.

**Equipment & Engine Training
Council****Invoice**

Date	Invoice #
1/1/2022	300003038

Bill To
Brian Clement College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137-6708 United States

Member Information
Brian Clement College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137-6708 United States

PO	Terms	Due Date
	Due in 30 days	1/31/2022

Description	Amount
College/University Membership	\$250.00
Total	\$250.00
Balance Due	\$250.00

"Cassel, Adrienne" <cassel@cod.edu>

PD form - B. Clement

"Cassel, Adrienne" <cassel@cod.edu>

Wed, Mar 2, 2022 at 02:38 PM GMT

CC: Miller, Monica <millermo@cod.edu>, Clement, Brian <clement@cod.edu>

BCC:

Please process.

Adrienne Cassel

Human Resources, Compensation Specialist

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

1 attachment

PD Clement, B. EETC dues.pdf