

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087024
Vendor Name: NEMRT
Invoice Number: 333062
Invoice Date: 8/18/2023
PO Number:
Check Number: 0318150
Check Amount: \$ 600.00
Check Date: 10/11/2023
Voucher Number: V0803976
Document Type: AP Invoice

Document Below



North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542
Phone: 630-896-8860

Date	Invoice	Customer #
08/18/2023	333062	487

CLASS REGISTRATION INVOICE

BILL TO:

Accounts Payable
College Of DuPage Police Department
425 Fawell Blvd, HEC 1040
Glen Ellyn, IL 60137-6599

REMIT PAYMENT TO:

North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542

Description	Amount
Report Review & Approval for Supervisors - The Gap-Free Narrative © Oswego Police Department Community Room 08/11/2023-08/11/2023	
Brian Kidd	\$300.00
Raul Valladares	\$300.00

Balance Due:

\$600.00

Please tear off and return this portion with your payment

Accounts Payable
College Of DuPage Police Department
425 Fawell Blvd, HEC 1040
Glen Ellyn, IL 60137-6599



Bill Id:	487	Amount Enclosed
Invoice Date:	08/18/2023	
Invoice #:	333062	
Total Due:	600.00	

Make check payable to:

North East Multi-Regional Training, Inc.
355 Smoke Tree Plaza
North Aurora, IL 60542

Meeting Code: FALL24

Event Code: 00000021

Event Name: Report Review & Approval for Supervisors - The
Gap-Free Narrative ©

"Zerrudo, Marivic" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Marivic" <zerrudom@cod.edu>

Fri, Aug 25, 2023 at 08:37 PM UTC

CC:

BCC:

1 attachment

4977_001.pdf

Payment to organization

**College of DuPage
Human Resources**

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

RAUL VALLADARES

EMPLOYEE NAME

0756515

COLLEAGUE ID #

4288

PHONE EXT.

POLICE

DEPARTMENT

9/25/2023

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.

Check contract/guidebook for further clarification.

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

College/University/Seminar Sponsor
NEMRT

Date class begins/Date class ends

08/11/2023 / 08/11/2023

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Required to review & approve reports daily.

Address (if requesting a Pre-Payment)

Name of Course/s

Report Review & Approval for Supervisors-The Gap Free Narrati

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:

☐ Reimbursement for
conference/seminar/class

\$ _____

☐ Required Class Materials

\$ _____

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

\$ 300.00

☐ Travel
(check your contract/guidebook
for specifics on allowable travel
reimbursements)

\$ _____

☐ COD Health Club

\$ _____

☐ Non-COD Health Club/
Non-COD Fitness/Wellness classes*

\$ _____

including Weight Watchers

Needed to Complete Process:

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

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

A. Cassel

COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 300.00

Account #01-80-00835-52090-17 FY 24

Date request sent to Accounts Payable: 9/27/23

Date request approved: _____

Date expense approved: _____

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

Certificate of Achievement

PROUDLY PRESENTED TO

Raul Valladares

of the College Of DuPage Police Department

In recognition of the successful completion of the 8.00 hour course in

Report Review & Approval for Supervisors - The Gap-Free Narrative ©

at DuPage Police Department

from 8/11/23 to 8/11/23

The course complies with the guidelines of the following mandates(s):

Civil Rights (3.00 hrs) | Constitutional Use of LE Authority (2.00 hrs) | Law Concerning Stops, Search, Use of Force (3.00 hrs) | Lead Homicide Investigator (8.00 hrs)

Joseph Schwaiblmair

Director



President

JSB



North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542
Phone: 630-896-8860

Date	Invoice	Customer #
08/18/2023	333062	487

CLASS REGISTRATION INVOICE

BILL TO:

Accounts Payable
College Of DuPage Police Department
425 Pawell Blvd, HEC 1040
Glen Ellyn, IL 60137-4599

REMIT PAYMENT TO:

North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542

Description	Amount
Report Review & Approval for Supervisors - The Gap-Free Narrative © Oswego Police Department Community Room 08/11/2023-08/11/2023	
Brian Kidd	\$300.00
Raul Valladares	\$300.00

Balance Due: \$600.00

Please tear off and return this portion with your payment

Accounts Payable
College Of DuPage Police Department
425 Pawell Blvd, HEC 1040
Glen Ellyn, IL 60137-4599

	Bill Id:	487	Amount Enclosed
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	Invoice #:	333062	
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Make check payable to:

North East Multi-Regional Training, Inc.
355 Smoke Tree Plaza
North Aurora, IL 60542

Meeting Code: FALL24
Event Code: 80000021
Event Name: Report Review & Approval for Supervisors - The
Gap-Free Narrative ©

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

PD form - R. Valladares

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

Wed, Sep 27, 2023 at 01:10 PM UTC

CC: Nehls, James <nehlsj156@cod.edu>, Valladares, Raul <valladaresr@cod.edu>, Sekerka, Joyce <sekerkaj@cod.edu>

BCC:

Please process.

Adrienne Cassel

Human Resources, Compensation Specialist

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

1 attachment

PD Valladares, R..pdf

"Sekerka, Joyce" <sekerkaj@cod.edu>

Attached Image

"Sekerka, Joyce" <sekerkaj@cod.edu>

Wed, Sep 27, 2023 at 02:08 PM UTC

CC:

BCC:

1 attachment

0248_001.pdf

College of DuPage
Human Resources

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

Brian P. Kidd
EMPLOYEE NAME

0049979

COLLEAGUE ID #

3926

PHONE EXT.

Police Dept.

DEPARTMENT

09/26/23

DATE OF REQUEST

Payment
to organization

Professional/Educational Development
Tuition Reimbursement

Check One: Classified ☐ Managerial ☐ FOP ☒ Union 399 ☐

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College/University/Seminar Sponsor
NEMRT

Address (if requesting a Pre-Payment)

Name of Course/s

Report Review & Approval for Supervisors-The Gap Free Narra

Date class begins/Date class ends

08/11/23 / 08/11/23

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Required to review & approve reports daily.

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:

☐ Reimbursement for conference/seminar/class \$ _____

☐ Required Class Materials \$ _____

☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 300.00

☐ Travel (check your contract/guidebook for specifics on allowable travel reimbursements) \$ _____

☐ COD Health Club \$ _____

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

Needed to Complete Process:

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Proof of payment

Proof of completion

Proof of completion and proof of payment

Proof of payment

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REQUIRED ☒ Approved

SUPERVISOR'S SIGNATURE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

A. Cassel

COMPENSATION SPECIALIST

9/25/23
DATE

9/27/23
DATE

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 300.00

Account #01-90-00835-52090-17 FY 24

Date request sent to Accounts Payable: 9/27/23

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Date expense approved: _____

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at Oswego Police Department

from 8/11/23 to 8/11/23

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Joseph Schwartz

Director



President

delB



North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542
Phone: 630-896-8860

Date	Invoice	Customer #
08/18/2023	333062	487

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Glen Ellyn, IL 60137-6599

REMIT PAYMENT TO:

North East Multi-Regional Training
355 Smoke Tree Plaza
North Aurora, IL 60542

Description	Amount
Report Review & Approval for Supervisors - The Gap-Free Narrative © Oswego Police Department Community Room 08/11/2023-08/11/2023 <u>Brian Kidd</u> Raul Valladares	 <u>\$300.00</u> \$300.00

Balance Due: **\$600.00**

Please tear off and return this portion with your payment

Accounts Payable
College Of DuPage Police Department
425 Fawell Blvd, HEC 1040
Glen Ellyn, IL 60137-6599

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	Invoice #:	333062	
	Total Due:	600.00	

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North Aurora, IL 60542

Meeting Code: FALL24

Event Code: 00000021

Event Name: Report Review & Approval for Supervisors - The
Gap-Free Narrative ©

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

PD form s- B. Kidd

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

Wed, Sep 27, 2023 at 01:06 PM UTC

CC: Nehls, James <nehlsj156@cod.edu>, Kidd, Brian <kiddbr@cod.edu>, Sekerka, Joyce
<sekerkaj@cod.edu>

BCC:

Please process.

Adrienne Cassel

Human Resources, Compensation Specialist

College of DuPage

425 Fawell Blvd.

Glen Ellyn, IL 60137

1 attachment

PD Kidd, B..pdf