

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1448613

Vendor Name: University of Massachusett

Invoice Number: EM-JIMS010818

Invoice Date:

PO Number:

Check Number: 0230227

Check Amount: \$ 1,427.00

Check Date: 01/17/2018

Department ID:

Reviewer Name:

Voucher Number: V0490964

Redaction Type: Other

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

Document Below

RECEIVED

A/P - Prepayment - please return check to [redacted]

College of DuPage

Human Resources

JAN 05 2018

Professional/Educational Development Tuition Reimbursement

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

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

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.

EMPLOYEE NAME

COLLEAGUE ID #

PHONE EXT.

Latino Outreach Center

DEPARTMENT

01/04/2018

DATE OF REQUEST

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

College/University/Seminar Sponsor

U. of Massachusetts Amherst

Date class begins/Date class ends

01/22/2018 / 05/01/2018

Bursar's Office 215 Whitmore Building 181 Presidents Drive Amherst, MA 01003

Is course job related? ☒ Yes ☐ No

Address (if requesting a Pre-Payment)

Describe how course is job related:

Managing Higher Education - Improve job skills as a manager

Name of Course/s

Educa 621 - Managing Higher Education

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

\$ _____

Proof of completion and proof of payment

☐ Required Class Materials

\$ _____

Proof of payment

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

\$ 1427.00

Proof of completion

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

\$ _____

Proof of completion and proof of payment

☐ COD Health Club*

\$ _____

☐ #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

SUPERVISOR'S SIGNATURE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

COMPENSATION SPECIALIST

DATE

DATE

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 1427.00

Account #01-90-00835-52090-17 FY 18

Date request sent to Accounts Payable: 1/8/18

Date request approved: _____

Date expense approved: _____

HR-16-2327(1/1/16)

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



Action

[SPIRE Home](#)[SPIRE Help](#)[Favorites](#)[Main Menu](#)[Finances](#)[Account Summary](#)[Add to Favorites](#)[Logoff](#)

Account Summary

Account Detail for Term

Spring 2018

As of Date 01/04/2018

31720774

This is a summary of your account. To see your latest bill use the View/Pay Bill link to the right. [View/Pay bill](#)

Estimated Aid is not guaranteed. Resolve your ToDo's and outstanding issues with Financial Aid.

University of Massachusetts

Charges

| Date Posted | Item Description | Amount |
|-------------|------------------|-----------|
| 12/14/2017 | Registration Fee | 47.00 USD |
| 12/14/2017 | HELM Certificate | 1,380.00 |

Total Charges: 1,427.00 USD

Payments Received

| Date Posted | Item Description | Amount |
|-------------|------------------|--------|
| | | 0.00 |

Total Payments: 0.00 USD

Refunds

| Status | Long Name | Item Amount |
|--------|-----------|-------------|
|--------|-----------|-------------|

Total Refunds: 0.00 USD

Estimated Aid

| Item Description | Estimated Aid |
|------------------|---------------|
| | 0.00 |

Total Estimated Aid: 0.00 USD

Term Balance: 1,427.00 USD

[Return](#)

< [REDACTED]



Education

[SPIRE Home](#)[SPIRE Help](#)[Favorites](#)[Main Menu](#)[Enrollment](#)[Edit Classes](#)[Class Schedule](#)[Add to Favorites](#)[Logoff](#)**Spring 2018 > Non-Degree > U. of Massachusetts Amherst****EDUC 621 - Managing Higher Education**

| Status | | Units | Grading | | Grade | |
|--------------|---------|-----------|---|---------|----------------------|----------------------------|
| Enrolled | | 3.00 | Graduate School Letter Grading | | | |
| Class Nbr | Section | Component | Days & Times | Room | Instructor | Start/End Date |
| 61482 | 01 | Lecture | | On-Line | Elisabeth Bennett | 01/22/2018 - 05/01/2018 |

[Return to My Class Schedule](#)

1448613

01/17/2018

0230227

EM-JIMS010

V0490964

COURSE REG

0190008355209017

1,427.00

[Three large, curved, handwritten lines]

1,427.00

0230227

PAY ONLY ONE THOUSAND FOUR HUNDRED TWENTY SEVEN AND 00/100 DOLLARS

01/17/2018

\$*****1,427.00

University of Massachusetts
215 Whitmore Bldg
Amherst MA 01003
UNITED STATES OF AMERICA

[Handwritten signature]

1-23-2018