

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1547111

Vendor Name: Association for Talent Develop

Invoice Number: 03087

Invoice Date: 03/15/18

PO Number:

Check Number: 0234766

Check Amount: \$ 99.00

Check Date: 04/11/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0508927

Redaction Type: Other

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

Document Below

MAR 22 2018

A/P - Please call Lara  
when check is ready  
**Human Resources**

**Professional Dues Reimbursement**  
(Classified • Managerial • FOP • Union 399)

Eligible after 6 months probation

V508927

Employee

3/15/18

Department

Payment to: ☐ Me (receipt attached) ☒ Organization (return check to me)

☒ Classified/Managerial — \$500 max per year ☐ Union 399 — \$150 max per year ☐ FOP — \$200 max per year

I request reimbursement of \$ 99.00 for membership dues in:

Name of organization: Association for Talent Development Chgo Chapter

Address: (needed only if check is issued to organization. Also, please submit a copy of the completed dues application form.)

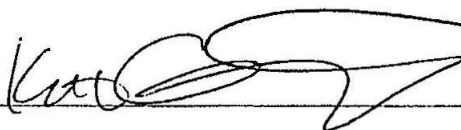
ATD Chicagoland Chapter / Kristin De Groot /  
153 Lynne Trail / Oregon, WI 53575

Purpose of organization: Professional development in instructional design,  
training & employee development

APPROVED ☐ (considered a business expense helpful in the performance of the employee's duties)

DENIED ☐

Signature of Dean or Administrator:



Date: 3/21/2018

Obtain signature of Dean or Administrator — Mail to Human Resources

**OFFICE USE ONLY:**

Reimbursement amount \$ 99.00

Account #01-90-00835-52090-19

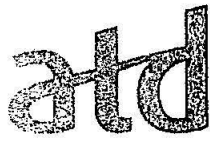
Fiscal year: 18

H/R approval: A. Cassel

Date sent to Accounts Payable: 4/10/18

Date request approved: \_\_\_\_\_

Date expense approved: \_\_\_\_\_



CHICAGOLAND CHAPTER  
Association for  
Talent Development

atdCARE  
chapter affiliation  
requirements

atd  
membership  
super star

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## Invoice #03087

Balance due: \$99.00

Please remit check payments to:

ATD Chicagoland Chapter  
Kristin DeGroot  
153 Lynne Trail  
Oregon WI 53575

Pay online or pay offline

## Invoice details

Balance due \$99.00

Amount \$99.00

Invoice # 03087

Date March 15, 2018

Origin Member application  
1a) Regular Member

Invoiced to Lara Tompkins, College of DuPage  
tompkins.lara@gmail.com

Item	Amount
Membership application. Level: 1a) Regular Member	\$99.00
Invoice total	\$99.00

### CONTACT US

1st: 847.350.0100  
2nd: 847.350.0100  
3rd: 847.350.0100

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1547111

04/11/2018

0234766

03087

V0508927

Membership application

0190008355209019

99.00



99.00

*Lara Joseph*

0234766

PAY ONLY NINETY NINE AND 00/100 DOLLARS

04/11/2018

\$\*\*\*\*\*99.00

Association for Talent Develop  
153 Lynne Trl  
Oregon WI 53575  
UNITED STATES OF AMERICA