

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086463

Vendor Name: ILASFAA

Invoice Number: 20159

Invoice Date: 03/13/18

PO Number:

Check Number: 0234898

Check Amount: \$ 325.00

Check Date: 04/11/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0501104

Redaction Type: Other

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

Document Below

V#01104

Prepay - Please call Diana  
on 4/13 when check is  
ready**Human Resources**

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

Financial Aid

DEPARTMENT

3/12/18

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.

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

**College/University/Seminar Sponsor**  
IL Association of Student Financial Aid Administrators

C/O Milikin University ANTT: Chilwana Thompson

11841 W Main St, Decatur, IL 62522

Address (if requesting a Pre-Payment)

**Name of Course/s**

2018 Annual Conference

Date class begins/Date class ends

4/16/18 / 4/18/18

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Training and updates on financial aid regulations

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)

☐ Reimbursement for conference/seminar/class \$ \_\_\_\_\_☐ Required Class Materials \$ \_\_\_\_\_☒ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$ 325.00☐ Travel up to \$600 (classified and managerial only) \$ \_\_\_\_\_☐ COD Health Club \$ \_\_\_\_\_☐ #Non-COD Health Club/  
Non-COD Fitness/Wellness classes\*  
including Weight Watchers \$ \_\_\_\_\_

\*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. OC (Initial here)**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

**REQUIRED** ☒ Approved

SUPERVISOR'S SIGNATURE

DATE

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE

DATE

COMPENSATION SPECIALIST

**HUMAN RESOURCES OFFICE USE ONLY**

Amount of Payment: \$ 325.00

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

Date request sent to Accounts Payable:

Date request approved: 3/15/18

Date expense approved:

HR-18-2653(3/2/18)

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

# ILASFAA 2018 Annual Conference Invoice

Invoice Date: March 13, 2018



**PRINT**

this page to use as your invoice.

**Payments:** To pay by check, send a copy of this invoice along with a check in the amount of \$325.00 payable to ILASFAA.

Mail to:

Chilwana Thompson, ILASFAA Treasurer-Elect  
Assistant Director of Student Financial Services  
Millikin University  
1184 W. Main Street  
Decatur, IL 62522  
cthompson@millikin.edu

ILASFAA is a domestic not for profit corporation, EIN: 37-1213374

**INVOICE: 20159**

## Registrant Information

Name: [REDACTED]

Title: [REDACTED]

Institution:

College of DuPage  
425 Fawell Blvd  
Suite SSC2220  
Glen Ellyn, IL 60137

Type of Institution: Community College

Phone: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Emergency: [REDACTED]

Membership Affiliation: Voting

Starting Year in Profession: 2002

Starting Year in ILASFAA: 2015

## Registration Details

Badge Name: [REDACTED]

Registration

\$275.00 Early Bird - Full Conference

Membership

\$50.00 2018-19 Membership

Event Attendance

Monday Lunch

Beef Brisket

Tuesday Breakfast

Tuesday Lunch

Tuesday Dinner

Wednesday Brunch

NASFAA Credentialing

NASFAA Credential Training - PJ

NASFAA Credential Training - Direct Loan

Special Dietary Requirements

Lactose free if possible

**\$325.00 TOTAL AMOUNT DUE**

1086463

1104

04/11/2018

0234898

20159

V0501104

D.Christopher Annual conf

0190008355209017

325.00

*Diana Obispo*

325.00

0234898

PAY ONLY THREE HUNDRED TWENTY FIVE AND 00/100 DOLLARS

04/11/2018

\$\*\*\*\*\*325.00

ILASFAA  
11841 W.main St.  
Decatur IL 62522