

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086463

Vendor Name: ILASFAA

Invoice Number: EM-BARN031518

Invoice Date:

PO Number:

Check Number: 0234899

Check Amount: \$ 325.00

Check Date: 04/11/2018

Department ID:

Reviewer Name:

Voucher Number: V0501724

Redaction Type: Other

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

Document Below

College of DuPage
Human Resources

Please refer to the "Concur Professional Development Procedure" in the
Employee Handbook for more information regarding your request/expense.

PHONE EXT. _____
Financial Aid
DEPARTMENT
03/14/18
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 (ILASFAA)

C/O Milikin University ATTN: Chilwana Thompson

11841 W Main St, Decatur, IL 62522
Address (if requesting a Pre-Payment)

Name of Course/s
2018 ILASFAA 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:

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: Enter Amount:
(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. NB _____ (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: 3/15/18

Date request approved: _____

Date expense approved: _____

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

INSTRUCTIONS

*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.
4. Pre-payments for college/university classes cannot be prepaid through Concur. A paper form must be submitted to Human Resources and a check will be made payable to the college/university and will be returned to the employee.

*For pre-payments not using Concur, a check will be made payable to the sponsor/organization and will be returned to the employee.

ILASFAA 2018 Annual Conference Invoice

Invoice Date: February 28, 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: 20064

Registrant Information

[Redacted]

Institution:

College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137

Type of Institution: Community College

[Redacted]

[Redacted]

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

General Information

I volunteer to help at registration.

NASFAA Credentialing

NASFAA Credential Training - Direct Loan

\$325.00 TOTAL AMOUNT DUE

REFERENCE USE ONLY

Check No: _____ Personal _____ Organization _____
Amount \$ _____ Date Received: ____/____/____
Others paid with this check: _____

Comments: _____

Copyright © 2003-2018 ILASFAA
ALL RIGHTS RESERVED.