

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1540797

Vendor Name: Miray R. McElroy

Invoice Number: APOLLO18-2C

Invoice Date: 03/19/18

PO Number:

Check Number: 0234934

Check Amount: \$ 200.00

Check Date: 04/11/2018

Department ID: 12331

Reviewer Name:

Voucher Number: V0501686

Redaction Type: FERPA

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

Document Below

EM-SABC032318

V0507851

College of DuPage

Human Resources

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

EMPLOYEE NAME: Christina Sabo
 COLLEAGUE ID #: 1418830
 PHONE EXT: 2368
 DEPARTMENT: Learning Tech
 DATE OF REQUEST: 2/19/18

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

Date class begins/Date class ends

COD - Chapparral Fitness

Is course job related? ☐ Yes ☐ No

Address (if requesting a Pre-Payment)

Describe how course is job related:

Name of Course/s

Is this a wellness course? ☒ Yes ☐ No

(Maximum amount for FY \$240,001)

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) \$ _____
- ☐ Travel up to \$600 (classified and managerial only) \$ _____
- ☒ COD Health Club \$ 240.00
- ☐ #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: Susan Sanders DATE: 2/19/18

DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE: A. Caswell DATE: 3/25/18
 COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 240.00

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

Date request sent to Accounts Payable: 3/23/18

Date request approved: _____

Date expense approved: _____

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

Sabo, Christina

From: Chaparral Fitness <chapfitness@cod.edu> on behalf of Chaparral Fitness <messages-noreply@zenplanner.com>
Sent: Thursday, March 22, 2018 12:32 PM
To: Sabo, Christina
Subject: Christina, Thank You for Your Payment!

College of DuPage 425 Fawell Bo.
Phone: (630) 942-2633 • http://www.cod.edu/athletics/pe_center



Receipt #28291

Placed on: March 22, 2018

Paid via: CREDIT - VI

Confirmation Code: 40601195529

Due Date	Bill For	Description	Unit Price
Mar 22, 2018	Christina Sabo	Employee Annual #29238	\$240.00

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