

Information:

Drawer: Finance

Number: \*\*\*\* Other Redaction \*\*\*\*

Name: \*\*\*\* Other Redaction \*\*\*\*

Invoice Number: C088778

Invoice Date:

PO Number:

Check Number: 0234778

Check Amount: \$ 156.00

Check Date: 04/11/2018

Voucher Number: V0501782

AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

EM-TRAJ030118

RECEIVED

V0501717



FEB 21 2018

Human Resources

### Professional Development Request Full-Time Faculty

This form must be signed and approved **before** enrolling in courses, workshops, seminars or submitting requests for professional dues or periodical subscriptions. **Requests submitted without prior approval are not eligible for reimbursement or course credit.**  
Please refer to the "Concur Professional Development Procedure" in the Forms Library to complete your request/expense.

Employee Name: Jeffrey Trautmann

Colleague ID#: 21304003349389 0050735

Department: Chemistry

Extension: 2488

Date: 02/23/18

#### PROFESSIONAL DEVELOPMENT REIMBURSEMENT REQUEST: ☒ REIMBURSEMENT ☐ PRE-PAYMENT†

☒ Workshop/Conference ☐ Dues/Subscriptions☐ Books ☐ Travel\*

Title/Sponsor: Chicago Dental Society

Date of Event: 02/23/18

Tuition, Registration, Dues, Subscription Fee: \$95

Travel: \$0

Books: \$0

Course Number: \_\_\_\_\_ Date: \_\_\_\_\_

College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ semester hours \_\_\_\_\_ quarter hours

Tuition, Registration, Fee: \$ \_\_\_\_\_

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:  
(attach additional page if necessary)

During class, I present real-world applications of chemistry as they apply to medicine/pharmacy/dentistry. I will be able to incorporate some of what I learn at this dental conference into my future lectures. I am also the advisor for the new COD Pre-Dental Association. I can share with our student members the various contacts that I will make through networking.

☒ Approved ☐ Not Approved

Date: 2/21/18

Dean/Associate Dean

\*Up to \$600.00 per year (of the \$1,850.00) may be used for pre-approved travel related expenses in accordance with College Travel Policies.

†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)

#### COURSE CREDIT FOR RANGE CHANGE REQUEST:

Course Number: \_\_\_\_\_ Dates: \_\_\_\_\_ College or University: \_\_\_\_\_

Course Name: \_\_\_\_\_ Number of Credits Earned: \_\_\_\_\_ semester hours \_\_\_\_\_ quarter hours

Provide rationale that includes how this will improve your ability to work with students and/or teach your courses:  
(attach additional page if necessary)

☐ Approved ☐ Not Approved

Dean

Vice President

Date: \_\_\_\_\_

Return this signed form along with attachments showing proof of payment and proof of satisfactory completion, if applicable, to Human Resources.

HR USE ONLY	
HR has recorded _____ semester hours	Amount of reimbursement: \$ 95.00
The cumulative hours recorded are: _____	Date request sent to Accounts Payable: 2/14/18
HR Approval: _____ Date: _____	Date request approved: _____
Account #01-90-00835-52090-14: Faculty Tuition	Date expense approved: _____
Account #01-90-00835-52090-18: Faculty Dues	HR Approval: _____

HR-17-25555(9/17)



# 2018

REG# 300879  
RP2

EVENTS: \$0.00

FEES: \$0.00

PAID - Credit Card Visa

REGISTRATION FEE: \$95.00

COURSES: \$0.00

\$95.00 02/23 09:29 AM



# 2018

Jeffery Trautmann - 300879/1

In Case of Emergency, Please Contact:

Phone: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

Hotel: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Please complete above information and keep  
this card in your badge holder at all times.