

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1380257

Vendor Name: American Welding Society

Invoice Number: 3/30/18

Invoice Date: 04/03/18

PO Number: PO357188

Check Number: 0235118

Check Amount: \$ 3,508.00

Check Date: 04/12/2018

Department ID: 02533

Reviewer Name:

Voucher Number: V0507598

Redaction Type: None

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

Document Below

EV182E
Perkins.

College of DuPage - Accounts Payable
Check Request Form
revised 12/18/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 3/30/2018
Vendor ID: 1380257

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
NA	NA	06	10	02592	5309001	Other Contractual Services Exp	
				02533			

Grand Total \$3508.00

Check the appropriate box below and sign

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED

04/09/18 - MARIA ZERRUDO

Payee Name: American Welding Society
Payee Address: 8669 NW 36 Street, #130
Miami, Florida 33166-6672

Other Instructions: REQUEST A MANUAL CHECK, PLEASE CALL WHEN CHECK IS READY

Brian W. Caputo
Brian W. Caputo, Ph.D., C.P.A.
Vice President/CFO
Administrative Affairs

Description on Check:

Training, Jeremy Singer, May 2018, Des Moines, IA

Approvals:

Prepared By: Kris Fay
Signature: Kris Fay
Payment Due: _____
Board Approved Date: _____

Approved By: Kris Fay, Dean, Business & Technology Div. Date: 4/2/18
Signature: Kris Fay
Approved By: Louisa Stewart Date: 4/2/18
Signature: Louisa Stewart
Approved By Division VP: _____ Date: _____
Signature: Lisa A Stock Date: 4/2/18

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

V507598



2018 Price List

Inspector (CAWI, CWI, SCWI)	Price	
	Member	* Non-Member
Initial CAWI, CWI Exam	850	1065
- Add CWE Exam	140	***140
CWI by Reciprocity with CWB or INWC	500	715
Upgrade CAWI to CWI	240	455
Prometric Initial SCWI	970	1185
Endorsement Structural Drawing Reading	275	490
Prometric Endorsement Exam ^^	335	550
Prometric Endorsement MT/PT Exam(Per Part A&C)^	395	628
Endorsement MT/PT Exam(Part B)^ Contact ATF for pricing		
Retest	Member	* Non-Member
CAWI, CWI, CWE or CWI/CWE (Per Part)	275	***275
CAWI, CWI, CWE or CWI/CWE (All Parts)	595	810
Prometric SCWI	715	930
Prometric Endorsement MT/PT (One Part A or C)^	335	568
Prometric Endorsement MT/PT (Two / Three Parts)^	395	628
Endorsement MT/PT Exam(Part B)^ Contact ATF for pricing		
Packages	Member	* Non-Member
CWI Seminar and Exam Package (D1.1 Focus)	2385	2618
- Add CWE Exam	140	***140
- CWI Pre-Seminar(online course)	750	***750
CWI Seminar and Exam Package (API 1104 Focus)	2385	2618
- Add CWE Exam	140	***140
- CWI Pre-Seminar(online course)	750	***750
Clinics / Seminars / Workshops (Exam not Included)	Member	* Non-Member
CWI Seminar Week (D1.1 Focus)	1865	2098
CWI Seminar Week (API 1104 Focus)	1865	2098
Seminar Retake (within 12 months of original event)	845	845
CWI Pre-Seminar (online course)	865	***1150
Welding Fundamentals I (online course) ▶	350	***470
Renewal	Member	* Non-Member
CWI/SCWI 3 rd and 6 th Year Renewal by work Experience	470	685
CWI/SCWI 3 rd and 6 th Year Renewal by Examination	745	960
CWB or INWC Renewal by Reciprocity	430	645
9-Year Recertification	Member	* Non-Member
CWI Part B Exam	870	1085
SCWI Part A & B Exams	990	1205
Prometric CWI/SCWI Endorsement Exam^^	930	1145
Prometric Endorsement MT/PT (Per Part A&C)^	395	628
CWI/SCWI Endorsement Structural Drawing Reading Exam	870	1085
CWI/SCWI Non-Exam	595	810
• 80 Professional Development Hours (PDHs)		
• Endorsement Exam Prior to 9 th year of certification period		
• Initial CRI Certification		
CWI/SCWI 9yr Course	1705	1938
Endorsement MT/PT Exam(Part B)^ Contact ATF for pricing		

* Non-Member price includes a 3-year AWS Individual Membership unless otherwise noted.

** Non-Member price includes a 1-year AWS Individual Membership.

***No additional membership included with this price.

^ Additional ATF fees will apply for the practical exam (part B). Prices reflect a \$60 seat fee per part for Prometric initial and/or reexam endorsements. Contact the ATF for Pricing.

^^ Price is for all endorsements except Structural Drawing Reading.

▶ For a complete price list of our online courses please visit aws.aws.org. Some online courses can be combined with other certification programs.

Note:

Prices are subject to change without notice.

Full payment must be received with your completed application or it will not be processed.

All checks, money orders and demand drafts must be made payable to: American Welding Society

Certified Welding Educator (CWE)	Price	
	Member	* Non-Member
Exam Only	635	850
Non-Exam	360	575
Retest	315	530
Renewal	305	520
AWS SENSE Participants Only		
Exam	275	490
Retest	315	530
Retest (Single Part)	275	***275
CWI/CWE Exam	470	685
Renewal CWE Only	200	415

Certified Radiographic Interpreter (CRI)	Price	
	Member	* Non-Member
Exam	750	965
Seminar	1407	1640
Seminar and Exam	1758	1991
Retest (All Parts)	550	***550
Retest (Per Part)	275	***275
Renewal	445	660
9yr Recertification (Part B)	720	935

Certified Welding Supervisor (CWS)	Price	
	Member	Non-Member
Prometric Exam	520	**600
Prometric Retest (Per Part)	335	***335
Renewal	305	**385
Prometric 9yr Recertification Exam (A&B)	488	**580
9yr Recertification PDHs	336	**420

Certified Welding Sales Representative (CWSR)	Price	
	Member	Non-Member
Prometric Exam	335	**415
Prometric Retest	335	**335
Renewal	275	***275

Certified Welding Engineer (CWEng)	Price	
	Member	* Non-Member
Part 1 & 2 Exam	400	**480
Part 3 & 4 Exam	400	**480
PE Exemption	350	565
Retest (per part)	200	**280
Renewal	445	660

Certified Robotic Arc Welding (CRAW)	Price	
	Member	* Non-Member
Technician/Operator Exam or Retest	350	565
Operator to Technician Upgrade	100	**100
Technician/Operator Renewal	200	415

Certified Welder (CW)	Price	
	Member	* Non-Member
Certified Welder Application	50	***50
Maintenance of Welder Certification	25	***25



American Welding Society

8669 NW 36 St, #130 Miami, FL 33166-6672
(800) 443-9353 extension 273

Faxed or emailed applications are **NOT** accepted

EMPLOYMENT VERIFICATION

Account #	Order#	Site Code	Exam Date
082272		IAR5118	051218
Last Name	First Name	mm/dd/yr	
SINGER	JEREMY	MI	
Address			Apt #
2201 MECAN DR			
City and State / Province / Country			Zip Code
NAPERVILLE ILLINOIS			60564
Home Telephone Number	Work Telephone Number	Mobile Telephone Number	
630 527 0086			
Date of Birth (example November 30 1952)	U.S. Social Security Number (last 4 only)		
NOVEMBER 22 1994	X X X X X X		
E-Mail Address (confirmation notification will be sent to this address)			
Singerj199eood.edu			

Employment Verification

- This section **MUST** be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
 - the nature of work assignments during the period of performance
 - type of work done
 - length of time as a client
- If the employer is no longer in business, include a copy of the W2 form.

Company Name: College of DuPage Company Phone: 630-942-2592

Company Address: 425 Fawell Blvd.

City, State: Glen Ellyn, IL Zip Code: 60137 Country: USA

I, Kris Fay, verify that Jeremy Singer maintained employment at
Supervisor/Personnel Manager's Employee's Name

College of DuPage From 5-1-15 to Present
Company Date mm/yyyy Date mm/yyyy or Present

Signature: [Signature] Date: 3.30.18
Supervisor/Personnel Manager's Month/Day/Year



American Welding Society
8669 NW 36 St, # 130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273

Certified Welding Educator (CWE) Exam Application

Faxed or emailed applications are NOT accepted

Last Name

First Name

MI

S I N G E R J E R E M Y S

Are you employed by an AWS SENSE program participating organization (must provide copy of certificate)? ☐ NO ☒ YES

If yes, the Facility ID #: S.E.N.S.E. CWI and CWE Combo Examination Only

1. Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.

1st Site Code: IA25118 Exam Date: 5/12/18 City/State: SKIDAWAY GA *Submission Deadline: 4/2/18

2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

3rd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

NOTE: If the first choice is not available, registration will indicate the next available choice site. DO NOT make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. * Refer to AWS Policies and Fees.

2. Check and complete the following

☐ Your AWS Member # (if applicable): _____

☐ Check here if taking a non-AWS seminar prior to the exam.

Name of Agency: _____

City, State: _____ Date: _____

3. Indicate the following AWS seminar of your choice or choose "Examination Only" below

INDIVIDUAL CODE CLINICS/WORKSHOPS:

- ☒ Welding Inspection Technology Workshop
- ☒ Visual Inspection Workshop
- ☒ CWI Pre-Seminar (online course only)

☐ EXAMINATION ONLY

4. Method of Payment

Fees

AWS USE ONLY

Payment must accompany this application

All checks and money orders made payable to AWS

☐ Check or money order # _____

☐ VISA ☐ MC ☐ AMEX ☐ Discover

CVV: _____

CC#: _____ / _____ / _____ Exp: _____ / _____

SIGNATURE _____

Acct #: _____

Date: _____

Amt \$: _____

Name: _____

AWS Member # _____

5. Personal Information

Address

2201 MECHAN DR

Address (cont'd)

Apt #

City and State / Province / Country

Zip Code

NAPERVILLE IL 60564

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

6305270086

6304708188

Date of Birth (example November 30 1952)

U.S. Social Security Number (last 4 only)

NOV 23 1994

x x x x 2627

E-Mail Address (Confirmation notification will be sent to this address)

SINGER199@COD.EDU

6. Associations

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	<input checked="" type="checkbox"/> Ferrous metals
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	<input type="checkbox"/> Aluminum
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	<input checked="" type="checkbox"/> Non-ferrous except aluminum
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Advanced materials/intermetallics
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Ceramics
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> High energy Processes
G <input type="checkbox"/> Electrical equip., supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	<input checked="" type="checkbox"/> Arc Welding
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> Brazing & Soldering
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Resistance Welding
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Thermal Spray
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Cutting
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> NDT
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	<input checked="" type="checkbox"/> Safety & Health
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	<input checked="" type="checkbox"/> Pipe & Tubing
O <input type="checkbox"/> Educational Services (univ., libraries, schools)	15 <input type="checkbox"/> Educator	<input checked="" type="checkbox"/> Pressure Vessels & Tanks
P <input type="checkbox"/> Engineering & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	<input type="checkbox"/> Structures
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	<input checked="" type="checkbox"/> Roll Forming
R <input type="checkbox"/> Government (federal, state, local)	18 <input type="checkbox"/> Customer service	<input checked="" type="checkbox"/> Sheet metal
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	<input type="checkbox"/> Stamping & punching
	20 <input type="checkbox"/> Engineer - design	<input type="checkbox"/> Bending & shearing
	21 <input type="checkbox"/> Engineer - manufacturing	<input type="checkbox"/> Aerospace
	22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Automotive
		<input checked="" type="checkbox"/> Machinery
		<input type="checkbox"/> Marine
		<input type="checkbox"/> Other
		<input type="checkbox"/> Automation
		<input type="checkbox"/> Robotics
		<input type="checkbox"/> Computerization of Welding

Name: _____

AWS Member # _____

7. American with Disabilities Act Accommodations

- ☐ By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. A copy of the accommodations request form can be found at our [website](#).

Will you be using a glucose meter during your exam? Yes ☐ No ☒

8. Qualifying Education and Experience Requirements

Check the box indicating your highest level of education. You must include a copy of transcripts and/or diploma for engineering, engineering technology, physical science or vocational education courses.

Minimum Education Level	Minimum Work History
<input type="checkbox"/> High Diploma or GED	5 years
<input type="checkbox"/> High school diploma plus one year post high school engineering/technical school courses or one or more years of post-high school vocational education and training in a welding curriculum	4 years
<input checked="" type="checkbox"/> High school diploma plus two or more years post high school engineering/technical school courses	3 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science	3 years

9. Qualifying Work Experience: Resumes not accepted. This section must be completed.

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

Company Name <u>Chicago Blower Corp</u>	Type of Business <u>Industrial MFG</u>	Company Phone Number
Company Street Address <u>1675 Glen Ellyn Rd</u>	City, State, Zip Code <u>Glenview IL 60139</u>	
Supervisor's Name <u>Art Amond</u>	Title of Immediate Supervisor <u>Welding Foreman</u>	
Supervisor's Email Address <u>Art.Amond@CBC.com</u>	Department <u>Welding</u>	
Applicant's Job Title <u>Housing Welder</u>	Employed From: (Mo.) <u>8</u> (Yr.) <u>15</u>	To: <u>Present</u> (Mo.) <u>3</u> (Yr.) <u>18</u>
Job Responsibilities- Detailed Description Required <u>Fabricate, tack & weld fan housings. Read blue prints, inspect & repair own work</u>		

10. Employment Verification

- This section MUST be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
 - the nature of work assignments during the period of performance
 - type of work done
 - length of time as a client
- If the employer is no longer in business, include a copy of the W2 form.

Company Name: College of DuPage Company Phone: 630 942 2592

Company Address: 425 Fawell Blvd

City, State: Glen Ellyn, IL Zip Code: 60137 Country: USA

I, Kris Fay, verify that Jeremy Singer maintained employment at

Supervisor/Personnel Manager's Name

Employee's Name (print)

College of DuPage from 5-1-15 to Present

Company Name

Date mm/yyyy

Date mm/yyyy or Present

Signature: Kris Fay Date: 3-29-18

Supervisor/Personnel Manager's Name

Month/Day/Year

DEAN, BUSINESS & TECHNOLOGY

Name: _____ AWS Member # _____

11. Certified Welding Educator Credentials

CWE applicants must complete and submit the CWE Instructor Credentials form with this application. You must download and print the form from our [website](#).

12. Welder Certification or Test Record

Applicants for the AWS Certified Welding Educator certification must have and submit a copy of a valid welder ID/certification card or shall have passed a valid welder test for the welding process to be taught.

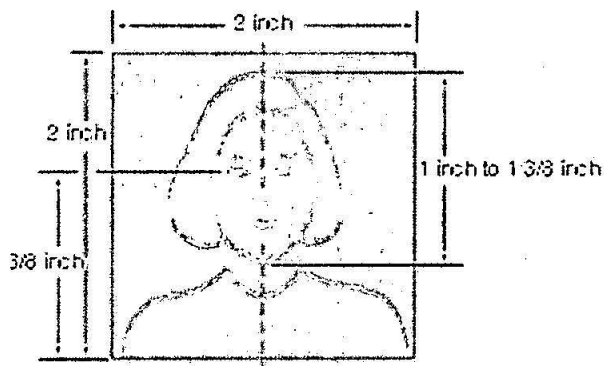
13. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted with this application. A copy of the form is available on our [website](#).

14. Photo Requirement

Applicants **MUST** submit one (1) passport-style color photograph. Your photo is a vital part of your application. To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our [website](#).

The acceptance of your photo is always at the discretion of AWS.



*Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.*

Print your name and AWS membership number on the reverse of the photograph.

Only use scotch tape on the back of the photo.

15. Terms and Conditions – Please check, date, sign below.

Certified Welding Inspector

[QC1 Standard for the AWS Certification of Welding Inspectors](#)

[B5.1 Specification for the Qualification of Welding Inspectors](#)

Certified Welding Educator

[QC5 AWS Standard for the Certification of Welding Educators](#)

[B5.1 AWS Specification for the Qualification of Welding Inspectors](#)

- ☐ I hereby certify that I have read the standard requirements contained in the certification programs indicated above. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I have read and agree to the terms and conditions set forth in the [AWS Policies and Fees](#) form. I certify that the information I have included on this application is true. I understand that any false statements will nullify this application. I give AWS permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date. I further understand that any required information that is incomplete or missing will cancel this registration.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before, during, or after the exam as stated on the Exam Security Agreement and General Terms of Use (Please click and read this link prior to accepting the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

Applicant's Signature _____ Date _____

Name _____

AWS Member # _____

9. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted with this application (page 6 of this application).

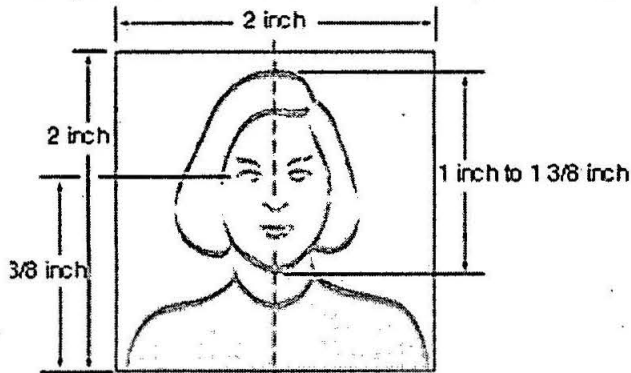
10. American with Disabilities Act Accommodations

- ☐ By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. For a copy of the accommodations request package please visit our web: www.aws.org
- Will you be using a glucose meter during your exam? Yes ☐ No ☐

11. Photo Requirement

Applicants **MUST** submit one (1) passport-style color photograph. Your photo is a vital part of your application. To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our [website](http://www.aws.org). The acceptance of your photo is always at the discretion of the AWS.

Print your name and AWS membership number on the reverse of the photograph.



Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.

DO NOT STAPLE OR PAPER CLIP PHOTO

12. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver's license or passport.

13. Terms and Conditions- Please check, date, and sign below.**Certified Welding Inspector**

QC1 Standard for the AWS Certification of Welding Inspectors

B5.1 Specification for the Qualification of Welding Inspectors

- ☐ I hereby certify that I have read the standard requirements contained in the certification programs indicated above. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I have read and agree to the terms and conditions set forth in the AWS Policies and Fees form. I certify that the information I have included on this application is true. I understand that any false statements will nullify this application. I give AWS permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date. I further understand that any required information that is incomplete or missing will cancel this registration.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before, during, or after the exam as stated on the Exam Security Agreement and General Terms of Use (Please read the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

Applicant's Signature _____

Date: _____

Name _____ AWS Member # _____

VISUAL ACUITY FORM

Member #: _____ Online Order #: _____ Site Code: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department prior to the exam, or no later than 60 days after the certification exam date for your CAWI/CWI/SCWI/ or 30 days for the rest of the programs requiring a Visual Acuity Form. Applicants who have not fulfilled all requirements after the certification exam date shall have test scores and application voided, and may be in jeopardy of forfeiting application fees. This form may be sent via fax, email, or mail.

Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant or by other ophthalmic medical personnel, and must include the state or province license number. Examinations shall be performed within one (1) year of the certification examination date, or within one (1) year of the certification expiration date for renewal or recertification of CWI/SCWI and seven (7) months for all other programs requiring a Visual Acuity Form.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this Visual Acuity Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

1. The following must be completed by the eye examiner:

A. Verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater(≥30.5 cm)

(Check ONLY one of the following for each eye)

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	No correction is required to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

B. Through a color perception examination, is the applicant colorblind?

(Check ONLY one of the following for each eye)

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS NOT colorblind
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS colorblind.

AWS Use Only
W
O
NQ
AWS Use Only
C
B

3. Examiner's Contact Information (print clearly)

Customer Name _____ Date of eye exam: _____

Examiner Name: _____ Phone Number: _____

Examiner Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

4. Examiner professional status (check only one)

☐ Ophthalmologist ☐ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

Examiner Signature: _____ State/Prov. License number: _____

Zerrudo, Maria

From: Mosher, Jill
Sent: Monday, April 9, 2018 8:48 AM
To: Hickman, Linda; Miller, Monica
Cc: Zerrudo, Maria
Subject: RE: Check for AWS Welding Conference and Exam

Yes, he must have an approved Request. He is traveling out-of-state which means his VP has to approve his request. In the meantime, we will process the check to the vendor, but we can't release it until his Concur Request is approved accordingly. Even if he is using grant funds, he can allocate the GL account accordingly on his Request.

Jill

From: Hickman, Linda
Sent: Friday, April 6, 2018 2:52 PM
To: Mosher, Jill <mosher@cod.edu>
Subject: FW: Check for AWS Welding Conference and Exam

Jill,
Please see below. Courtney is my assistant that was covering this on Tuesday and Wednesday when I was out of the office. Katrina Swan, in Academic Affairs entered this into Mercury, as it was Perkins we were not able to enter Perkins. She has told us that it was approved.
Linda

From: Hatcher, Courtney
Sent: Friday, April 06, 2018 2:50 PM
To: Miller, Monica <millermo@cod.edu>; Hickman, Linda <hickmanl@cod.edu>
Subject: RE: Check for AWS Welding Conference and Exam

All,

Katrina called to state the PO is approved. This is what prompted Linda contacting Jill about cutting the check.

Courtney

From: Miller, Monica
Sent: Friday, April 6, 2018 2:49 PM
To: Hickman, Linda <hickmanl@cod.edu>
Cc: Hatcher, Courtney <hatcherc@cod.edu>
Subject: RE: Check for AWS Welding Conference and Exam

Linda,

Courtney likely has some information, as she was standing by on Tuesday and Wednesday. I think Katrina Swon is the person who can see the status of the PO.

Monica

From: Hickman, Linda
Sent: Friday, April 6, 2018 2:44 PM
To: Miller, Monica <millermo@cod.edu>
Subject: RE: Check for AWS Welding Conference and Exam

Who would I find that out from?

From: Miller, Monica
Sent: Friday, April 06, 2018 2:34 PM
To: Hickman, Linda <hickmanl@cod.edu>
Subject: RE: Check for AWS Welding Conference and Exam

Hi Linda,

The last I heard, there was a "check-enclosed PO" that was put in Mercury, when you were off campus. Jill indicated that she could cut the check once that was approved. That is the last I heard. I would find out what is the status of the PO.
Monica

From: Hickman, Linda
Sent: Friday, April 6, 2018 2:31 PM
To: Miller, Monica <millermo@cod.edu>
Subject: FW: Check for AWS Welding Conference and Exam

Monica,
Can you help me with this...
Please see message below from Jill. I didn't know we needed an approved Request for him in Concur. Isn't Kris's signature on the application materials approval to attend?
Linda

From: Mosher, Jill
Sent: Friday, April 06, 2018 1:43 PM
To: Hickman, Linda <hickmanl@cod.edu>
Subject: RE: Check for AWS Welding Conference and Exam

We can see a Jeremy Samuel Singer as an employee but I don't see an approved Request for him in Concur. We can always pay using the AMEX card but not until such time he has an approved request to attend these workshops. Did you submit a check request for this transaction? Jill

From: Hickman, Linda
Sent: Friday, April 6, 2018 1:28 PM
To: Mosher, Jill <mosher@cod.edu>
Subject: Check for AWS Welding Conference and Exam
Importance: High

Jill,
We have been trying to get a check cut for Jeremy Singer to attend the AWS Welding Workshops and exam in Des Moines, Iowa in May. It is my understanding that it has made its way through the approval process. Please let me know when the check is ready for pickup as well as where I can pick it up at. This is funded through Perkins. I left all of

the application materials in AP earlier in the week along with the check request form so I'm hoping that these materials are still with the check as they all need to be mailed together. If I should be contacting someone else regarding this, please let me know who that would be.

Thank you for your help.

Linda

Linda Hickman

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3/30/18

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Training - Jeremy Singer

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3,508.00

Linda Hickman
4-12-18

3,508.00

0235118

PAY ONLY THREE THOUSAND FIVE HUNDRED EIGHT AND 00/100 DOLLARS

04/12/2018

\$*****3,508.00

American Welding Society
8669 NW 36 St. #130
Miami FL 33166