

Information:

Drawer: Accounts Payable - Invoices

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: C088800

Invoice Date:

PO Number:

Check Number: 0235015

Check Amount: \$ 150.00

Check Date: 04/11/2018

Voucher Number: V0508935

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

V0510311

EM-THOB042518



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: Bärbel Thoens-Masghati Colleague ID#: 0052291
 Department: Languages: German Extension: 3323 Date: 02/06/18

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

☒ Workshop/Conference ☐ Dues/Subscriptions

☐ Books ☐ Travel*

 Title/Sponsor: Many Languages, One Goal

 Date of Event: April 20, 2018

 Tuition, Registration, Dues, Subscription Fee: \$ 45.00

Travel: \$ _____ Books: \$ _____

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)

A workshop for instructors at all levels and working with all languages focused on best practices for language pedagogy and student target language learning.

☒ Approved ☐ Not Approved Sandra Mastromarino Date: 2-7-18
 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 _____ Date: _____
 Dean Vice President

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

The cumulative hours recorded are: _____

HR Approval: _____ Date: _____

Account #01-90-00835-52090-14: Faculty Tuition

Account #01-90-00835-52090-18: Faculty Dues

 Amount of reimbursement: \$ 45.00

 Date request sent to Accounts Payable: 4/25/18

Date request approved: _____

Date expense approved: _____

 HR Approval: ACAV

HR-17-25555(07/13)

Madison College

Receipt

Madison College
(608) 243-4000
mitbytheater@madisoncollege.edu

Barbel Thoens-Masghati
2424 Marshall Ct
Naperville, IL 60565

1/31/18 Many Languages, One Goal

Tickets 4/20/18 9:00 AM - (GA)

1 \$45.00

Sub-total: \$45.00

Payment Visa (Barbel Thoens-Masghati)

\$45.00

Card Four # 2431 - Active 05/01/20 - Sale

Total Paid: \$45.00

Order#14686853 X

Keep for your records

On behalf of Madison College we would like to thank you for your generous contribution. Please check with your tax authority on the deductible portion of your contribution.