

Information:

Drawer: Finance

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

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

Invoice Number: C088845

Invoice Date:

PO Number:

Check Number: 0237251

Check Amount: \$ 1,000.00

Check Date: 07/11/2018

Voucher Number: V0518975

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

**College of DuPage**  
**Human Resources**

RECEIVED

JUN 25 2018

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

MEGAN ZALE  
EMPLOYEE NAME

2655  
COLLEAGUE ID #

6-21-18  
PHONE EXT.

FINANCE  
DEPARTMENT

6-21-18  
DATE OF REQUEST

HUMAN RESOURCES

**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

ILLINOIS CPA SOCIETY

Address (if requesting a Pre-Payment)

Name of Course/s

40 hour CPE on Demand Pass

Date class begins/Date class ends online access availability.

6-21-18 / 9-30-18

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

Continued- CPA license

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:

(check all that apply)

☒ Reimbursement for conference/seminar/class \$ 199.00

☐ 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 \$ \_\_\_\_\_

☐ #Non-COD Health Club/Non-COD Fitness/Wellness classes\* including Weight Watchers \$ \_\_\_\_\_

Enter Amount:

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

[Signature] 6-21-18  
SUPERVISOR'S SIGNATURE DATE

[Signature] 6/21/18  
DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE DATE

[Signature]  
COMPENSATION SPECIALIST

HUMAN RESOURCES OFFICE USE ONLY

Amount of Payment: \$ 199.00

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

Date request sent to Accounts Payable 6/28/18

Date request approved: \_\_\_\_\_

Date expense approved: \_\_\_\_\_

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

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From: marekr@cod.edu  
Sent: Mon Jul 23 13:42:17 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: Scanned from a Xerox Multifunction Device  
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Bobby Marek Accounts Payable Team Leader Cash Disbursements/Payroll Department College of DuPage  
425 Fawell Blvd l SRC 2132 l Glen Ellyn, IL 60137-6599 phone 630-942-2229 l marekr@cod.edu  
-----Original Message----- From: marekr@cod.edu Sent: Monday, July 23, 2018 1:40 PM To: Marek, Robert  
Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was scanned and  
sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page Multifunction Printer  
Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]