

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0498088

Vendor Name: Mr Robert J. Beckwith

Invoice Number: 070318

Invoice Date: 07/03/18

PO Number:

Check Number: 0237855

Check Amount: \$ 5.96

Check Date: 08/15/2018

Department ID: 99325

Reviewer Name:

Voucher Number: V0521130

Redaction Type: None

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

Document Below

EM-WISRO80118

V0522710

RECEIVED

# College of DuPage

## Human Resources

JUL 03 2018

## Professional/Educational Development Tuition Reimbursement

Check One: Classified ☒ Managerial ☐ FOP ☐ Union 399 ☐

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

Robert Wiseman

EMPLOYEE NAME

1338505

COLLEAGUE ID #

Veterans Services

DEPARTMENT

4037

PHONE EXT.

07/02/18

DATE OF REQUEST

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  
Haymarket Center

Date class begins/Date class ends

07/30/18 / 07/31/18

24th Annual Summer Institute on Addictions

Is course job related? ☒ Yes ☐ No

College of DuPage-MacAninch Arts Center

Describe how course is job related:

Address (if requesting a Pre-Payment)

Enhance ability to work with student veteran population.

Name of Course/s

Treatment Research and the Evidence Based Strategies, Insights to a Dual Diagnosis Curriculum: Effectively Work with Dual Diagnosed Clients

Is this a wellness course? ☐ Yes ☒ No

(Maximum amount for FY \$240.00)

Honor Betrayed: Trauma of Sexual Abuse in America's Military, 50 Strategies for working with Defiant, Oppositional, and Resistant substance using

Is course part of a degree program? ☐ Yes ☒ No

Are You Requesting:

Enter Amount:

Needed to Complete Process:

(check all that apply)

☒ Reimbursement for conference/seminar/class \$ 230.00

Proof of completion and proof of payment

☐ Required Class Materials \$

Proof of payment

☐ †Pre-payment for COD credit & non-credit class/conference/seminar/class (>\$50) \$

Proof of completion

☐ Travel up to \$600 (classified and managerial only) \$

Proof of completion and proof of payment

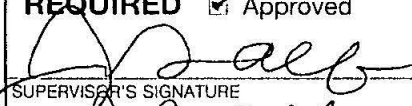


☐ COD Health Club \$

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

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)

<b>REQUIRED</b> <input checked="" type="checkbox"/> Approved	
	7/2/2018
SUPERVISOR'S SIGNATURE	DATE
	7/2/2018
DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE	DATE
	
COMPENSATION SPECIALIST	

<b>HUMAN RESOURCES OFFICE USE ONLY</b>	
Amount of Payment: \$	230.00
Account #01-90-00835-52090-17	FY 19
Date request sent to Accounts Payable:	8/1/18
Date request approved:	
Date expense approved:	

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

HR-18-26532/18

**Wiseman, Robert**

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**From:** kcheverko@hcenter.org  
**Sent:** Monday, July 02, 2018 11:16 AM  
**To:** Wiseman, Robert  
**Subject:** Summer Institute on Addictions - Online Submission Confirmation

This email is a confirmation that your online entry at the site of Haymarket Center was received. The following information was recorded:

First Name: Robert  
Last Name: Wiseman  
Address: 425 Fawell Blvd.  
City: Glen Ellyn  
State: IL  
Postal Code: 60137  
Country: US  
Email: wisemanr@cod.edu  
Phone: 630 942-4037  
Amount: \$230.00  
Fund: Education

**Comments:**

How did you learn about the Summer Institute? Other Registration Type:  
Individual Registration

**Days Attending:**

Monday

Tuesday

Monday, Session I: AM-1. Treatment Research and the Evidenced Based Strategies Monday, Session II: PM-7. Insights to a Dual Diagnosis Curriculum: Effectively Work with Dual Diagnosed Clients Tuesday, Session I: AM-2. Honor Betrayed: Trauma of Sexual Abuse in America's Military Tuesday, Session II: PM-7. 50 Strategies for working with Defiant, Oppositional, and Resistant substance using Adolescents

Position Title: Veterans Services Specialist

Institution: College of DuPage

Additional Donation: \$0

**Payment Information:**

Registration fees: \$230.00

Additional Donation: \$0.00

Total: \$230.00

Paid with MasterCard ending in 0606.

**HAYMARKET CENTER**  
**COMPREHENSIVE ALCOHOL & DRUG TREATMENT PROGRAMS**

*24<sup>th</sup> Annual Summer Institute on Addictions*

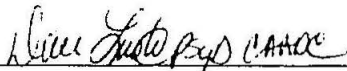
*Certificate of Participation and Attendance*

**Robert Wiseman**

July 31<sup>st</sup>, 2018  
College of DuPage  
Glen Ellyn, Illinois

6 CEUs

*IDFPR: Social Worker License #159-000472 Professional Counselor/Clinical Counselor License #197-000060 Psychologist License  
#268-000031 Illinois Certification Board Program #14144 (Categories: Counselor I or II, Preventionist I or II, MISA I or II or III, PCGC I or II,  
CCJP I or II, CAAP I or II, CARS I or II, CRSS I or II, MAATP I or II, RDDP, CFPP I or II, ATE, GCE)*



Dr. Dan Lustig, President/CEO



Rick Love, Asst. Training Director

**HAYMARKET CENTER**  
**COMPREHENSIVE ALCOHOL & DRUG TREATMENT PROGRAMS**

*24<sup>th</sup> Annual Summer Institute on Addictions*

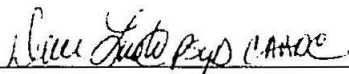
*Certificate of Participation and Attendance*

**Robert Wiseman**

July 30th, 2018  
College of DuPage  
Glen Ellyn, Illinois

6 CEUs

*IDFPR: Social Worker License #159-000472 Professional Counselor/Clinical Counselor License #197-000060 Psychologist License  
#268-000031 Illinois Certification Board Program #14144 (Categories: Counselor I or II, Preventionist I or II, MISA I or II or III, PCGC I or II,  
CCJP I or II, CAAP I or II, CARS I or II, CRSS I or II, MAATP I or II, RDDP, CFPP I or II, ATE, GCE)*



Dr. Dan Lustig, President/CEO



Rick Love, Asst. Training Director