

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 0442667

Vendor Name: Ms Theresa M. Steger

Invoice Number: 070518 GENCYBER

Invoice Date: 07/05/18

PO Number:

Check Number: 0238161

Check Amount: \$ 300.00

Check Date: 08/15/2018

Department ID: 02737

Reviewer Name:

Voucher Number: V0521203

Redaction Type: FERPA

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

Document Below

EM - SOTTO82018

V0523792



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: Trina Sotirakopulos Colleague ID#: 313607

Department: English Extension: 2177 Date: 08/20/18

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

☐ Workshop/Conference ☐ Dues/Subscriptions

☐ Books ☐ Travel*

Title/Sponsor: Association for the Study of African American Life and History

Date of Event: _____

Tuition, Registration, Dues, Subscription Fee: \$45

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)

The organization has a conference and professional journal, both which improve my understanding of the African American diaspora to enhance teaching with strong diversity initiatives.

☒ Approved ☐ Not Approved Sandra Martins Date: 8-20-18
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: 8/20/18

Date request approved: _____

Date expense approved: _____

HR Approval: [Signature]

HR-17-25555(8/17)

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Magazines

MuseWrite 6

MuseWrite Financials

Sent Items

shop

Taxes 2

Purchase Confirmation No. 308390
(Trina Sotirakopoulos)

Yahoo/Inbox



donotreply3@asah.net



Aug 20 at 8:35 AM

To: tsotirakids@yahoo.com

Dear Trina Sotirakopoulos,

Thank you for your purchase!

For your records, here is a summary of your purchase from **Association For The Study Of African American Life And History, Inc.**

Date/Time: 8/20/2018 11:31 AM

Purchase Submitted

Thank you. Your purchase has been submitted. Please reference the confirmation number below for this purchase.

Your confirmation number is: **308390****Billing Address****Trina Sotirakopoulos**
595 Romford Court
Roselle IL 60172
United States
(630) 408-2407
tsotirakids@yahoo.com**Items in Cart**

Shopping Cart Items	Amount	Quantity	Total
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Student Membership	\$45.00	1	\$45.00
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Current Purchases Amount	\$45.00
--------------------------	---------

Taxes	\$0.00
-------	--------

Shipping	\$0.00
----------	--------

Current Purchases Total	\$45.00
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Purchased ByTrina Sotirakopoulos
Customer ID: 19482
(630) 408-2407
tsotirakids@yahoo.com**Payment**

Total:	\$45.00
--------	---------

Payment:	\$45.00
----------	---------

Balance:	\$0.00
----------	--------

Payment Method:	Credit Card
-----------------	-------------

Card Type:	Visa
------------	------

Card Number:	*****6594
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Card Date:	08/2020
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Cardholder Name:	Trina Sotirakopoulos
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Executive Director Syl...

donotreply3@asah.net

Update time zone



From: marekr@cod.edu
Sent: Thu Aug 23 08:47:45 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Device

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: Thursday, August 23, 2018 8:44 AM 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]