

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084672

Vendor Name: Fred Pryor Seminars

Invoice Number: 100118

Invoice Date: 10/01/18

PO Number:

Check Number: 0241609

Check Amount: \$ 79.00

Check Date: 10/17/2018

Department ID: 00835

Reviewer Name:

Voucher Number: V0529886

Redaction Type: Other

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

Document Below

App - please return check to  
Glenda when ready.

RECEIVED

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

SEP 28 2018

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

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.

Facilities  
DEPARTMENT  
9-24-18  
DATE OF REQUEST  
PHONE EXT.

Please attach copy of completed registration form (circle amount requesting).

College/University/Seminar Sponsor  
Fred Pryor Seminars

Date class begins/Date class ends

1-7-19 / 1-7-19

Is course job related? ☒ Yes ☐ No

Describe how course is job related:

in conjunction perhaps with Mercury Commerce

Address (if requesting a Pre-Payment)

Name of Course/s

Excel Basics

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 one)

Enter Amount:

Needed to Complete Process:

☐ Reimbursement for  
conference/seminar/class \$

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) \$ 79.00

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 completion and proof of payment, if applicable

\*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. GG (Initial here)

<b>REQUIRED</b> <input checked="" type="checkbox"/> Approved	
<i>Kathy Stripler</i>	9/24/2018
SUPERVISOR'S SIGNATURE	DATE
DEPARTMENT'S AUTHORIZED BUDGET SIGNATURE	DATE
<i>A. Brown</i>	
COMPENSATION SPECIALIST	

<b>HUMAN RESOURCES OFFICE USE ONLY</b>	
Amount of Payment: \$	79.00
Account #01-90-00835-52090-17	FY 19
Date request sent to Accounts Payable:	10/1/18
Date request approved:	
Date expense approved:	

HR-16-23274(1/16)

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

# 1084672

Find Seminars &amp; Sign Up Online

[HOME](#) · [ABOUT](#) · [CONTACT](#)

TITLE, PROVIDER, OR TOPIC:

CITY, ZIP, OR STATE:

[ADVANCED](#)

## Thank You!

[Follow](#)

Your enrollment information has been received, and you will be contacted directly by the event sponsor, either by e-mail or regular mail. Thank you for using Seminar Information Service. A summary of your enrollment information appears below:

<b>Seminar:</b>	Microsoft Excel 2007/2010 Basics
<b>Date(s):</b>	Monday, January 7, 2019
<b>Location:</b>	OAK BROOK, IL DOUBLETREE BY HILTON HOTEL (1909 SPRING RD) RUNS 9AM TO 4PM
<b>Contact:</b>	<input type="text"/>
<b>Total Fee:</b>	\$ 79.00

Would you like to be updated about future seminars in your area? Subscribe to our [email update](#).

If you have any question or comments, please contact us using the information below:

**TOLL-FREE:** **(877) SEM-INFO**

**FAX:** **(702) 446-8039**

**E-MAIL:** [info@seminarinformation.com](mailto:info@seminarinformation.com)

Find Seminars &amp; Sign Up Online

[HOME](#) · [ABOUT](#) · [CONTACT](#)

TITLE, PROVIDER, OR TOPIC:

CITY, ZIP, OR STATE:

[ADVANCED](#)

## Thank You!

[Follow](#)

Your enrollment information has been received, and you will be contacted directly by the event sponsor, either by e-mail or regular mail. Thank you for using Seminar Information Service. A summary of your enrollment information appears below:

**Seminar:** Microsoft Excel 2007/2010 Basics  
**Date(s):** Monday, January 7, 2019  
**Location:** OAK BROOK, IL  
DOUBLETREE BY HILTON HOTEL (1909 SPRING RD)  
RUNS 9AM TO 4PM  
**Contact:**   
**Total Fee:** \$ 79.00

Would you like to be updated about future seminars in your area? Subscribe to our [email update](#).

If you have any question or comments, please contact us using the information below:

**TOLL-FREE:** **(877) SEM-INFO**

**FAX:** **(702) 446-8039**

**E-MAIL:** [info@seminarinformation.com](mailto:info@seminarinformation.com)